



**EMAC Saturday, October 15, 2016 Gasshuku:  
 "The Gathering" in Greely, Ontario  
 Castor Valley Elementary School  
 2630 Grey's Creek Road, Greely Ont K4P1N2**

**REGISTRATION**

**SPECIAL NOTE: Our Insurance requires that ALL participants, including Instructors, must complete this form.**

Name: \_\_\_\_\_ Record Book #: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city/town) (postal code)

Dojo: \_\_\_\_\_ Instructor: \_\_\_\_\_ Years Training: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Current Rank(s) (list all): \_\_\_\_\_

Medical/physical limitations: \_\_\_\_\_

**COMPLETE YOUR PAYMENT CHOICE**

**Paid Registration by September 24, 2016**

**Paid Registration after September 24, 2016**

**9:00 AM Saturday All Seminars 40.00 (non EMAC 60.00)**

**Saturday All Seminars 50.00 (non EMAC 70.00)**

**1:30 PM Saturday Tournament 40.00 (non EMAC 60.00)**

**Saturday Tournament 50.00 (non EMAC 70.00)**

**9:00 AM Sunday All Seminars 40.00 (non EMAC 60.00)**

**Sunday All Seminars 50.00 (non EMAC 70.00)**

**Enclosed TOTAL: \$ \_\_\_\_\_**

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I hereby waive any and all rights or claims I may have against EMAC Canada, Napanee Karate Club, Brian Lowry, Eastwind Budo Life Centre Inc., Mike Sywyk, Laura Sywyk, any instructors, guest instructors, its staff, vendors, volunteers or Sponsors. I hereby release and discharge them from any and all claims resulting from injuries, including death, damages or loss, which may accrue to me or my heirs arising out of or in any way connected with my attendance and /or participation at any EMAC Canada, Napanee Karate Club/Eastwind Budo Life Centre sanctioned event. I represent and warrant that I am physically and mentally fit, and able to participate. I do hereby assume responsibility for my own personal belongings and further to my own personal well-being, understanding that participation involves bodily contact. I have read, understand and agree to abide by the Napanee Karate Club, Eastwind Budo Life Centre and EMAC Canada rules and assume all responsibility and any liability for infringement of such rules. I agree to accept the seminar and tournament arbitrator's decision(s) as final in all matters. *Each sparring tournament competitor must wear padded headgear, foot and hand protection; no open fingers or toes.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian (If under age 18)

\_\_\_\_\_  
date

**\*\*\*Make all cheques payable to EMAC Canada\*\*\***

**Paid registration in full by September 24, 2016 for the early registration discount.**

**Please mail/give all Registration forms (1 per participant) and payment to:**

**EMAC  
 c/o Sensei Brian Lowry  
 696 Beechwood Road**

**(613) 354-3179 (home) kicks@kos.net**

**(613) 354-0506 (dojo)**