



FLORIDA SPORTS MARTIAL ARTS ACADEMY

**MARC CANONIZADO'S U.S OPEN SEMINAR REGISTRATION**

PARTICIPANT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CURRENT AGE \_\_\_\_\_ ALLERGY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TEL NUMBER \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ INSTRUCTOR NAME \_\_\_\_\_

SCHOOL'S ADDRESS \_\_\_\_\_

STYLE \_\_\_\_\_ CURRENT RANK \_\_\_\_\_

**PAYMENT METHOD (CIRCLE BELOW)**

VISA / MASTERCARD / DISCOVER / AMEX / CHECK / MONEY ORDER

NAME ON CARD \_\_\_\_\_ CARD # \_\_\_\_\_

CHARGE AMOUNT **\$399.00** CARD HOLDER SIGNATURE \_\_\_\_\_

In order to attend seminar full payment is required. Enrollment will be secured on a first come first serve basis and may not be reserved with any partial payment. All payments are final and may not be refunded for any reason, however a portion of funds paid may be used toward future Florida Sports Martial Arts sponsored events. Any accompanying guardians (non - participants) will be entirely responsible for any and all hotel/boarding accommodations.

**WAIVER OF INJURY**

I, hereby release the Florida Sports Martial Arts Academy, Inc., its agents, servants, and employees, and any other persons, sponsors, associations and business entities in any way associated in this organization, from any and all liability due to injuries that I may incur as a result of my attendance and/or participation during any activities. Furthermore, I hereby waive any compensation whatsoever for the use of pictures or video production of myself, utilized by those associated with this organization, for any profit-making at anytime. I clearly understand that aspects of this sport involve bodily contact. I have read, understand and agree to abide by the rules associated with participation and assume all responsibility and any associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian ( If Participant is under 18)

\_\_\_\_\_  
Date