

## Aikido Youth Seminar



*Twin Cities Aikido Center announces our third*

**Youth Seminar, Sat, Oct 17, 2015**  
*with*

**Galen David, Shodan**

*Galen brings many years of Aikido practice to the mat. His teachers have all studied extensively with students of O'sensei*

### Seminar Information

*A seminar is a special practice, not a lecture. Your child has an opportunity to be taught by one of our most experienced instructors.*

*The seminar is open to children age 7-16 who are fit and able to participate in Aikido activities*

*Plan to arrive about 8:30 am to be on the mat ready to practice by 9:00 am.*

*Parents are welcome.*

### Class Schedule

*Classes will be 50 minutes in length followed by a 10 minute break. Students may become tired and are allowed to take a break during class. They should be attentive and listen carefully and follow the instruction.*

*Even if taking a break, students should be attentive and watch quietly.*

9:00-9:50 AM — Class

10:00-10:50 AM — Class

11:00-11:50 AM — Class

12:30-3:00 PM — Picnic

### Fees

*There will be a \$5 participation fee.*

### Picnic Information

*Following the seminar, please bring your child to a picnic, weather permitting, to the park across the street.*

*Updated information will be provided.*

*The dojo will provide hamburgers, hot dogs, and drinks. Please bring a dish to share with your fellow students! -- salad, desert, appetizer, side dish? Thanks!*



Youth Aikido Seminar  
October 17, 2015

Twin Cities Aikido Center  
St. Paul, Minnesota

## PARTICIPANT REGISTRATION FORM

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

*I understand that participation in Aikido involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in Aikido is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.*

*In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper, emergency medical treatment for me or my child.*

*I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities.*

*I release the Twin Cities Aikido Center, the activity coordinators, and all employees and volunteers, from any and all claims or liability arising out my or my child's participation in the Youth Seminar.*

## MEDIA RELEASE

*I hereby assign and grant to the Twin Cities Aikido Center the right and permission to use and publish the photographs/film/videotapes/electronic representations or sound recordings made of me or my child at the Youth Seminar.*

*I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Twin Cities Aikido Center and I waive any right to any compensation for any of the foregoing.*

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_