

# NORTHEAST REGIONAL OLYMPIC SEMINAR V

PLEASE EMAIL FORM & PAYMENT TO: [Hpmartialarts@gmail.com](mailto:Hpmartialarts@gmail.com)

Seminar Date: Saturday, April 4, 2020

Seminar Location: HIGH PERFORMANCE MARTIAL ARTS  
3036 Jericho Tpke., East Northport, NY 11731  
(631) 462-0948

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CELL# \_\_\_\_\_ EMAIL: \_\_\_\_\_  
BELT COLOR: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: M F  
TKD SCHOOL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
MASTER/INSTRUCTOR NAME: \_\_\_\_\_

**PLEASE CIRCLE BELOW WHICH SEMINAR TIME YOU WILL ATTEND:**

**AGES 11 & UNDER**

High Performance Martial Arts  
3036 Jericho Tpke., East Northport, NY 11731  
1pm to 4pm (\$120)

**AGES 12 & UP**

High Performance Martial Arts  
3036 Jericho Tpke., East Northport, NY 11731  
4pm to 7pm (\$120)

**ATTENTION:**

Please bring full sparring gear, Daedo Socks, and water

\*EMAIL APPLICATIONS MUST HAVE CREDIT CARD INFO: EMAIL TO: [hpmartialarts@gmail.com](mailto:hpmartialarts@gmail.com)

CREDIT CARD# \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ SEC CODE: \_\_\_\_\_  
BILLING ZIP CODE: \_\_\_\_\_ TOTAL AMOUNT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**LIABILITY WAIVER (MUST BE SIGNED)**

I hereby submit my application for the Northeast Regional Olympic Sparring Seminar. I understand that this martial art seminar is a body contact sport and that my participation in this sport involves some risk of injury. I knowingly and voluntarily assume all risk of injury. I hereby release High Performance Martial Arts, and its Instructors, employees, coaches, organizers, and administrators for any responsibility for injury suffered during the seminar. I understand further that I shall strictly obey the rules and regulations governing this seminar in the event of such injury. I hereby give my consent to receive the appropriate medical treatment. I further agree that any pictures taken of or by me in connection with the seminar can be used by the organizers for publicity or promotion without compensation at this time or any other time. I acknowledge that I have read carefully the above and understand it fully, and I voluntarily agree to be bound by the terms specified herein.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ (18 years and older)

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ (under 18 years old)

