



TRAINING SCHEDULE IS FOR ALL JUNIOR AND SENIOR STUDENTS FROM THEIR RESPECTIVE DOJO'S.

8TH SEPT

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|---------------|---------------------------------|
| 08h00 - 10h00 | All Black belts |
| 10h00 - 12h00 | All grades. White - Black belts |
| 12h00 - 12h30 | Group photo's |
| 12h30 - 13h00 | Lunch |
| 13h00 - 14h00 | Orange - Black belts |
| 14h00 - 16h00 | Brown - Black belts |

VENUE

SCOTT HALL, WITS EDUCATION CAMPUS
(THE OLD JCE - JHB COLLEGE OF EDUCATION)
ST. ANDREWS ROAD, PARKTOWN
GPS: - S26'10.733 & E028'02.560

FOR MORE INFO CONTACT ARNOLD
062 026 7297 | ARNOLDJDB@GMAIL.COM

GASSHUKU ATTENDANCE FEES

| | |
|------------------|---------------------------|
| Black Belts: | R400.00 full Gasshuku Sat |
| Brown Belts: | R400.00 Sat |
| White - Blue: | R250.00 Sat only |
| Family of two: | R400.00 Sat only |
| Family of three: | R500.00 Sat only |

Full name (Student): _____ Dojo: _____

Date of birth: _____ Age: _____ T-shirt size: _____

I, the undersigned, in my capacity as father/mother/guardian/my personal capacity*, do hereby indemnify and hold harmless the International Shorei Martial Arts Academy, the organizers or anyone else involved in any way with the event, from any death, injury, disability and all claims, causes of action, losses, damages, costs, expenses (including but not limited to attorney's fees), either known or unknown, now existing or arising in the future that I may have of whatever kind or nature, which I/my child mentioned below* may suffer as a result/ of my/his/her* participation in any International Shorei Martial Arts Academy event (tournament, grading, gasshuku's etc.). I acknowledge that the participation by myself/the aforesaid child* in any of the events is on my/his/her* own free will and is at own risk. I further agree that any pictures taken of or by me/him/her* in connection with the event can be used by the association for publicity or promotion without compensation to me/him/her*. [*delete whichever is not applicable]. Parent or guardian to sign for any student under the age of 21 years old.

Print full name of parent / guardian: _____ Signature: _____

Tel:(H) _____ (W) _____ email: _____

Please attach details of any medical ailment with full instructions that may affect students training during the gasshuku.

TRAINING SCHEDULE
JOBURG
GASSHUKU



SEPT

