

Seminars Fri May 5 & Sat May 6

**Okaigan dojo Proudly Presents Seminars by
Shihan Toshihiro Oshiro (kobudo/weapons), Sensei Cheryl Murphy (kumite),
Sensei Clay Morton (Shotokan Kata) and
Hideharu Igaki available for group or private lessons!**

LOCATION
OKAIGAN KARATE
19720 STEVENS CREEK BLVD
CUPERTINO, CA 95014

CONTACT
SENSEI MARY CRAWFORD
408-257-4116
COACHMARYCRAWFORD@GMAIL.COM

| DATE | Seminars | Instructor: | Time: |
|-----------|---------------------|---------------|-----------------|
| Fri May 5 | Kata; Kanku Sho | Clay Morton | 5:00pm-7:00pm |
| Sat May 6 | Weapons (long bo) | Oshiro Sensei | 9:00am-10:30am |
| Sat May 6 | Kata: Unsu | Clay Morton | 9:00am-10:30am |
| Sat May 6 | Beg/Nov Sparring | Cheryl Murphy | 10:30am-12:00pm |
| Sat May 6 | Intr/Adv Sparring | Cheryl Murphy | 1:00pm-2:30pm |
| Sat May 6 | Kata: Gojushiho Dai | Clay Morton | 2:30pm-4:00pm |

**All seminars
\$45.00 each**

**Sorry
No Refunds**

NO at the door registrations: Please register on line at WWW.KARATETMASTER.COM or email PDF copy to coachmarycrawford@gmail.com /drop off in person or mail in. Thank you

I will be attending the following seminars _____

Name _____ Kyu/Dan _____ Age _____

Address _____ City _____ State _____ Zip _____

Contact Phone Number _____ Email _____

In consideration for the acceptance of my application for participation in or presence at the aforementioned activity; I hereby waive, release and discharge, The Sports, Fitness and Karate Inc, instructor's and landlord from and against any and all liability for any loss, personal injury, or property damage that may have arisen out of, or in any way connected with my participation or presence at the aforementioned event.

By acknowledging and signing this letter, the student recognizes the risk involved and agrees to the following terms and conditions required by in conjunction with participating in our KATA CLINICS/PRIVATE LESSONS.

During the training the student agrees to practice and train in the techniques being taught, and to only practice under the supervision of the instructor or instructor assistants.

The student, participant, or legal guardian thereof, hereby agrees to individually provide for the possible future medical expenses which may be incurred as a result of any injury sustained while participating at the facility cite 19720 Stevens Creek Blvd, Cupertino CA 95014.

Signature of Participant or
Parent if under age 18

Date