

2019-DZR CHICAGO SUMMER CLINIC



DZR - CHICAGO
Ancient Wisdom - Modern Times

JULY 25-27

Please come and join us for our annual DZR Adult clinic/Kids Judo Camp.

- Our feature AJJF Instructors will cover all DZR boards for those wanting to do Jujitsu, and they will also be Seifukujitsu classes for those wanting to do healing.
- Kahuna Mark Manu Saito will be teaching Hawaiian healing arts as well as martial arts.
- There will also be expert guest instructors in their fields sharing some of their martial and healing arts.
- Women's self-defense classes.
- We will also have our annual Kids Judo Camp.
- All three days will include breakfast and lunch.
- For more information, please visit our website.

AJJF membership is required to participate. Temporary registration is available. Membership cards of AJJF recognized organizations also accept – USA Judo and ATJA

FEATURE INSTRUCTORS

PROF. TOM RYAN
PROF. KEVIN COLTON
PROF. MARTY BRZYKCY
KAHUNA MARK SAITO
AND MORE.....

THURSDAY & FRIDAY CLASSES

ADULT: 10:00AM TO 5:00PM
KIDS: 10:00AM TO 1:00PM

SATURDAY CLASSES

ADULT: 9:00AM TO 3:00PM
KIDS: 9:00AM TO 12:00PM

MARTIAL & HEALING ARTS

ADULT FULL CLINIC: \$220
ADULT ONE DAY: \$100
KIDS FULL CAMP: \$150
KIDS ONE DAY: \$70

CLINIC LOCATION

9035 GRANT AVE.
BROOKFIELD IL 60513

CONTACT:

FILIBERTO GUTIERREZ
773-814-8688
dzrchicago@gmail.com



Online registration:
www.dzrchicago.com

Danzan Ryu Chicago Summer Clinic Registration ~ July 25-27, 2019

(Please fill out one registration form for each person attending clinics)

Name: _____	AJJF Rank: _____
Street: _____	AJJF Number: _____
City/State/Zip: _____	\$5 Event: _____
Phone: _____	Dojo: _____
Email: _____	Sensei: _____

(Please check one) Adult Martial/Healing Clinic Youth Judo Camp

Student/Participant Entry Form and Waiver - Release of Liability (Please read before you sign)

CLINIC, CAMP WAIVER: "I am voluntarily participating in this clinic. I am responsible for myself. No matter what happens, regardless of fault, neither I nor anyone responsible to or for me may NOT sue (or any form, extension, affiliate, etc.), the AJJF (or any form, extension, affiliate, etc.), the Midwest Division Summer Clinic, or any individual involved in any way in this weekend. I understand I am responsible for my own medical, dental, mental, etc. health and well-being." In consideration of this membership I agree, for myself and for my heirs and assigns, to indemnify and to hold harmless and not to sue Danzan Ryu Chicago Corp. and its officers, employees, instructors, members, or any affiliated dojos, school or any location where classes are held, for any injury to myself arising out of the study and practice of Danzan Ryu Jujitsu & Healing Arts or any Martial Arts activity taught or practiced in connection with my membership in the Danzan Ryu Chicago Corp. , including but not limited to injuries occurring in classes, demonstrations competitions or otherwise, and waive all right or claim that I may have in this or any jurisdiction for any liability to myself or children. I understand that the study and practice of Martial Arts in general and Judo, Jujitsu is in particular an, inherently dangerous activity and may lead to serious and permanent physical injury and/or death, intending to be legally bound by my signature below I acknowledge the above and voluntarily assume any and all risk associated with the study and practice of Danzan Ryu Jujitsu or any martial art. **I certify by my signature that I have read and understand this agreement in its entirety and all, of the questions regarding it have been fully answered.** I understand that Danzan Ryu Chicago Corp. documents activities and events involving classes, demonstration, and instruction. I give Danzan Ryu Chicago Corp. permission to use any documentation such as video and audio recording by film or digital means and photography, in which my image is taken in whatever way Danzan Ryu Chicago Corp. wishes. I understand that Danzan Ryu Chicago Corp. is the sole owner of this documentation.

This is a Waiver and Release of Liability:

I am over 18 or I am the parent or legal guardian of the above named Clinic participant.

I have read the release and agree accordingly. (Signature required for each participant):

X _____ **Date:** _____

Clinic Registration	Full Clinic	1 Day Clinic	Banquet	Youth	Adult	Amount
Youth (Age 15 or Younger)	\$150	\$70	\$15	S	S	
Adult (Age 16 + Up)	\$220	\$100	\$20	M	M	
Imi Ola	\$600	Retake- \$300	Total Banquets	L	L	
Women's Self-Defense	\$100	\$50			XL	
<ul style="list-style-type: none"> • Adult Full Clinic Includes Meals and T-Shirt (Does NOT include Banquet) • Kids Full Camp Includes Meals and T-Shirt (Does NOT include Banquet) 						TOTAL

If you can contribute more than your clinic fee to support our Danzan Ryu Chicago Summer Clinic, please indicate the sponsorship amount below. All sponsorships will be used to support guest instructors, guest lodging, and transportation for the purpose of propagation of the Danzan Ryu system. Your support of the Danzan Ryu Chicago Summer Clinic is greatly appreciated!

Please Make Payment to:

DANZAN RYU CHICAGO

Thank you for Your Support!

Subtotal: \$ _____

Sponsorship: \$ _____

Total Amount Paid: \$ _____

Dojo Mailing Address for Application: 6856 W 111Th Street Worth IL 60482	Clinic Address Location: 9035 Grant Ave. Brookfield IL 60513	Paid Online: www.dzrchicago.com or Pay at the Door
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Note: AJJF membership is required to participate. \$5 Event only membership is available. Membership cards of AJJF recognized organizations also accept - USA Judo and ATJA

