



Seminar Registration Form
Please print out this form, fill it in completely,

2830 Riverside Dr. 105 Coral Springs Florida
33065

PERSONAL INFORMATION

Name: _____ Member No. _____

E-mail: _____

Telephone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Previous Martial Arts training: _____ Ranks achieved: _____

Are you a Martial Arts instructor and/or school owner? Y / N

School: _____

School Location: _____

Number of Students: _____ Number of Instructors : _____

Have you ever fought professionally in Martial Arts, boxing, wrestling or otherwise?

Do you have any intentions of ever fighting professionally? Y / N

Please list any existing injuries or medical conditions you may have: _____

IN CASE OF EMERGENCY PLEASE CONTACT

Name: _____ Relationship: _____

Mailing Address: _____

Street Address: _____

City, State, Country: _____

Home Phone: _____ Business Phone: _____

SEMINAR & BELT TESTING (belt tests are for Association Members only)

A MARTIAL ARTS BACKGROUND IS NOT REQUIRED

TO ATTEND BASIC LEVEL SEMINARS

All participants must wear a clean uniform

No Recording of any kind is permitted

We reserve the right to refuse registration for any individual, for any reason
You must attend at least one seminar per year minimum to qualify for Team Conde
association membership. Belt testing and private classes will be scheduled at the
seminar location, only for Team Conde members.

Belt Test Desired :

_____ White belt/Phase I _____ Blue Belt/Phase I

FORM OF PAYMENT

(All applicants must pay in U.S. dollars)

Cash _____ Money Order _____

Signature _____

Total Due _____ Date _____ Check/Money Order # _____

Name on Check/Money Order _____

PARENT OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name)

("Minor") being permitted by Team Conde Jiu-Jitsu Association , I further agree to indemnify and hold Team Conde and any of its official representatives harmless from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian's Signature: _____ Date _____

Print Name: _____

I understand that by entering this Seminar I will be training at my own risk and that Team Conde and any of its Official Representatives is not responsible or liable for injuries or damages sustained during this Seminar.

Signature _____ Date _____