

AIKIDO ASSOCIATION of America PRESENTS an

Aikido Seminar with D. Capuano Sensei



September 23-25, 2011

The Aikido Association of America is proud to announce an Aikido seminar with Donald Capuano Sensei hosted by Tenshinkan Dojo September 23 to 25, 2011. The training is open to students of any martial art or rank, and from any organization or dojo.

Donald Capuano Sensei holds the rank of Sandan in the Aikido Association of America (AAA) under the study of Fumio Toyoda Shihan and a Sandan under the study of Saviano Sensei in Fudoshin Aikido, and has over 21 years experience in martial arts. Mr. Capuano is dojo cho of Shoshinkan dojo (Rhode Island Aikido) and current works for the Cranston Police Department in Rhode Island. He has taught several Defense Tactics Courses for various departments and agencies.

Cost

Entire Seminar: \$115

Friday: \$65

Saturday: \$85

Sunday: \$65

Schedule

Friday: 7:00 pm – 9:30 pm

Saturday: 10:00 am – 1:00 pm
& 3:00 pm – 6:00 pm

Sunday: 10:00 am – 1:00 pm

Location

Tenshinkan Dojo
1016 W. Belmont Ave.
Chicago, IL 60657

Information

Stephen Toyoda Sensei
info@aaa-aikido.com



AIKIDO ASSOCIATION OF AMERICA

www.aaa-aikido.com ■ info@aaa-aikido.com ■ 773.523.3141 ■ 1016 W. Belmont Avenue, Chicago, IL 60657

Aikido Seminar with D. Capuano Sensei

September 23 – September 25, 2011

| | |
|---|---------------|
| I would like to register for: | |
| <input type="checkbox"/> \$115 Entire Seminar (at the door) | |
| <input type="checkbox"/> \$65 Friday <input type="checkbox"/> \$85 Saturday <input type="checkbox"/> \$65 Sunday | |
| NAME: | TODAY'S DATE: |
| MAILING ADDRESS: | |
| CITY/STATE/ZIP: | |
| PHONE (circle one): HOME WORK MOBILE | FAX: |
| E-MAIL: | |
| MARTIAL ART (circle one): AIKIDO OTHER (please specify): | |
| DOJO: | RANK: |
| PAYMENT METHOD: <input type="checkbox"/> CHECK ENCLOSED, payable to Aikido Association of America <input type="checkbox"/> CASH (pay at the door) | |
| Charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD NUMBER: | EXP. DATE: |

Release of Liability (Please read before you sign)

For and in consideration of the permission of the Aikido Association of America, hereinafter called the Association, to use its facilities and of the execution by others of agreements similar hereto, the undersigned hereby agrees that while upon the premises of the Association or while using its facilities or equipment, whether at the Association or at any other location for the purpose of practice or of demonstration, said premises, facilities, and equipment shall be occupied and used at the sole risk and responsibility of the undersigned, and the undersigned hereby releases the Association from any and all claims for personal injury, damage, or loss of any kind or description resulting from being thereon or from such use or from the acts any persons thereon. The undersigned further agrees indemnify and hold harmless the Association and each of its instructors, teachers, officers, directors and members from or against any and all claims made or instituted against it or them arising out of the acts of the undersigned while upon the premises of the Association or while using any of its facilities or equipment, whether at the association or at any other location for the purpose of practice or demonstration, including injury or loss to the undersigned however caused and injury or loss caused by the undersigned to any other person. I certify by my signature that I have read and understand this agreement in its entirety and all my questions regarding it have been fully answered. I understand that the Association documents activities and events involving classes and instruction.

I give the Association permission to use any documentation, such as video taping, photography, or film, in which my image is taken in whatever way the Association wishes. I understand that the Association is the sole owner of this documentation.

Signed:

(Parent or guardian must sign if participant is under 18)

To pre-register please mail this form with payment to: AAA Headquarters, 1016 West Belmont Ave., Chicago, IL 60657

If registering at the door, please bring this completed form.

Thank You!