

AIKIDO ASSOCIATION INTERNATIONAL PRESENTS AN

AIKIDO SEMINAR



Cost

Entire Seminar:	\$125
Friday:	\$75
Saturday:	\$100
Sunday:	\$75

Schedule

Friday:	6:00 pm – 9:00 pm
Saturday:	10:00 am – 1:00 pm & 3:00 pm – 6:00 pm
Sunday:	10:00 am – 1:00 pm

Location

Robert Scott Elementary School Gym
(corner of Rupert and Market St.)
Port Hardy, BC, Canada

Information

Arnet Hales Sensei
Dojo Cho
renshinkandojo@gmail.com

September 2 – September 4, 2011

The Aikido Association International is proud to announce an Aikido Seminar hosted by Renshinkan dojo in Port Hardy, BC, September 2 to September 4, 2011. The training is open to students of any martial art or rank, and from any organization or dojo. Aikido instruction will be provided by Dr. Frank J. Gallo Sensei, [yondan, 4th degree blackbelt] AAA Eastern Regional Director.

Gallo Sensei is a recognized Police Use of Force Expert, Police Psychology Consultant, and Assistant Professor of Criminal Justice at Western New England University, a published author on topics of police use of force, profiling, and decision-making. Rhode Island Law Enforcement Trainers Association recognized Gallo Sensei as the 2004 Police Trainer of the Year. He consults with many Rhode Island law enforcement agencies on issues of police use of force and accountability.



AIKIDO ASSOCIATION INTERNATIONAL

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

Gallo Sensei Seminar Registration Form

September 2 – September 4, 2011

This camp fulfills the examination requirement for attending an AAA Camp

I would like to register for:	
<input type="checkbox"/> \$125 Entire Seminar (at the door)	
<input type="checkbox"/> \$75 Friday <input type="checkbox"/> \$100 Saturday <input type="checkbox"/> \$75 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 International <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 International, 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: AAI Headquarters, 1016 West Belmont Ave., Chicago, IL 60657

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

Thank You!