

**AIKIDO ASSOCIATION OF AMERICA PRESENTS THE**

# **WESTERN REGION CAMP**



**October 21 – 23, 2011**

The Aikido Association of America is proud to announce the Western Region Camp hosted by Chushinkan Dojo at Orange County Aiki Kai. Training is open to students of any martial art or rank, and from any organization or dojo. Aikido instruction will be provided by Tatsuo Toyoda Sensei, President of the Aikido Association of America, and the AAA Western Region Teaching Committee.

Nakayama Sensei is rokudan (6th degree black belt) and Western Region Shibuchō. Katz Sensei is godan (5th degree black belt) and dojochō of Ryushinkan Dojo. MacBeth Sensei is godan (5th degree black belt) and dojochō of Kenshinkan Dojo. Dyer Sensei is godan (5th degree black belt) and Western Region Director.

This event fulfills the examination requirement for attending an AAA Camp.

## **Cost**

Preregistered Price: \$100  
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**

Orange County Aiki Kai  
2525 N. Grand Avenue, Suite Z  
Santa Ana, CA 92705

## **Information**

James Nakayama Sensei  
Western Region Shibuchō  
aikido@chushin.com  
714.507.9338



**AIKIDO ASSOCIATION OF AMERICA**

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

# Western Region Camp Registration Form

October 21 – October 23, 2011

*This event fulfills the examination requirement for attending an AAA Camp*

I would like to register for:	
<input type="checkbox"/> \$100 Entire Seminar (pre-registered by October 1, 2011) <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!**