

**Rocky Mountain Regional Convention Registration ~ August 1-2, 2009**

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

Name: \_\_\_\_\_ AJJF Rank: \_\_\_\_\_  
 Street: \_\_\_\_\_ AJJF Number: \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_ Dojo: \_\_\_\_\_  
 Phone: \_\_\_\_\_ email: \_\_\_\_\_

Age (Check One):                       Jr (15 yrs or less)                       Adult (16 yrs or more)

In consideration of my (or my child's) participation in the Rocky Mountain Regional Convention and the efforts of the AJJF, Red Dragon Jujitsu Club and their members, I, for myself (or my child) and my successors and assignees, hereby release and discharge the instructors, the AJJF, Red Dragon Jujitsu Club, and all of their officers, employees, agents and servants, of and from any and all claims, demands, and causes of action of whatsoever nature which I (or my child), my successors and assignees, ever may have against any of them from or on account of, by any reason of or arising in connection with the Rocky Mountain Regional Convention and my (or my child's) participation therein. I realize that the practice of martial arts contains an inherent risk of personal injury and I (or my child) hereby assume that risk.

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	Cost if Pre-Reg Before 7/1/09	Cost if Pre-Reg Before 7/15/09	Cost if Reg At Event	Amount
Both Days ( Saturday & Sunday)	150	\$165	\$175	
Adult One Day (Saturday)	\$75	\$85	\$95	
Total				

**AJJF MEMBERSHIP IS REQUIRED TO ATTEND CLINICS**

(Event only memberships - \$5 - are available)

Please make checks payable to: **Red Dragon Martial Arts**. Questions: **720-985-9685**  
 Send Registration and AJJF Membership forms, along with check or money order to:

**Johnny Matijevich**  
**5873 S. Prince St. #317**  
**Littleton, CO 80120**

Note: Attendees must provide their own bedding, i.e., pillows sheets, blankets, sleeping bags, etc. Facility includes beds and bathing facilities only. Bedding will be provided for guest instructors.

Class schedules and additional information will be provided within the next 2-3 weeks



# The American Judo & Jujitsu Federation, Inc.



## MEMBERSHIP APPLICATION

Select one:  New Member  Renewal (AJJF# \_\_\_\_\_)  One-Time Event

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

E-Mail: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  Cell  Work  Home  
AREA CODE

Sensei: \_\_\_\_\_ Dojo: \_\_\_\_\_ School:  AJJF School  Allied School  Non-affiliated/Massage

### Circle Appropriate Rank

<b>Kyu</b> <small>COMMON RANK COLORS SHOWN</small>	10 Jukyu	9 Kukyu	8 Hachikyu	7 Shichikyu	6 Rokyu	5 Gokyu	4 Yonkyu	3 Sankyu	2 Nikyu	1 Ikkyu	<i>Allied Rank (Allied school members only) circle rank at left or write in here:</i>
	GENERALLY USED FOR JUNIOR RANKS				WHITE	BLUE	GREEN	. . . . BROWN . . . .			
<b>Dan</b> <b>Black Belt</b>	1 Shodan	2 Nidan	3 Sandan	4 Yodan	5 Godan	6 Rokudan	7 Shichidan	8 Hachidan	9 Kudan	10 Judan	

"I recommend this student for AJJF Membership."  
 \_\_\_\_\_  
INSTRUCTOR (SIGNATURE REQUIRED FOR KYU RANK CERTIFICATION) DATE

### Member OR Parent/Guardian, please sign this **Waiver and Release of Liability Agreement**:

*"In consideration of this membership, I agree for myself, my heirs, successors and assigns to waive and release all liability, not file any lawsuit or any other action, and to indemnify and hold harmless the American Judo & Jujitsu Federation (AJJF), its directors, professors, officers, employees, committee members, instructors, members, affiliated dojos or schools for any injury, or other legal cause of action arising out of the study or practice of Danzan Ryu Jujitsu or any activity taught, practiced or conducted in connection with my membership in the AJJF. This waiver, release and indemnity includes, but is not limited to injuries or any other legal cause of action occurring in classes, demonstrations, competitions or otherwise, and I waive and release any and all claims or rights that I may have in any jurisdiction for any liability arising out of any legal cause of action, including but not limited to, any liability from negligence and agree to indemnify and hold harmless the parties listed in the prior sentence. I understand that the study and practice of martial arts in general, and Jujitsu in particular is 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 for all time knowingly and voluntarily assume any and all risks associated with the study and practice of Danzan Ryu Jujitsu or any martial art. The AJJF BOP reserves the right to suspend any individual or school membership at any time. I have read this waiver. I agree to adhere to the rules and standards of the AJJF. I further understand that only AJJF-sanctioned classes and events are covered by the AJJF group Insurance."*

### This is a Waiver and Release of Liability:

MEMBER OR PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>Circle Dues Amount</b>	<b>One-time event</b>	<b>6 months</b>	<b>1 year</b>	<b>2 years</b>	<b>3 years</b>	<b>4 years</b>	<b>5 years</b>	<b>Active Duty</b>
<b>Youth</b> (age 15 or younger)	\$5	\$20	\$30	\$60	\$90	\$120	\$150	N/A
<b>Adult</b> (age 16 - 64)	\$5	\$35	\$60	\$115	\$170	\$220	\$265	No charge
<b>Senior</b> (age 65 +)	\$5	\$10	\$15	\$30	\$45	\$60	\$75	No charge

The AJJF is a non-profit public benefit corporation and all donations, but not membership fees, are tax-deductible. If you are able to contribute more than your membership fee to support the programs of the AJJF, please indicate the donation amount below. All donations will be used to support instructional programs, scholarships, and propagation of the Danzan Ryu system. Your support of the AJJF is appreciated!

Mail application and payment to: **AJJF Central Office**  
**P.O. Box 8392**  
**Medford, OR 97504**

Questions? **800-850-AJJF**  
 800-850-2553  
**co@ajjf.org**

Membership Dues: \$ \_\_\_\_\_  
 Tax Deductible Donation: \$ \_\_\_\_\_  
**Total (payable to AJJF): \$ \_\_\_\_\_**