

PUGITA FILIPINO SYSTEM – FILIPINO COMBAT MARTIAL ARTS

Salem, Oregon 97306

SEMINAR/EVENT REGISTRATION FORM

Date: _____ . Seminar Date: _____

Name: _____ . Phone: _____

Age: _____ . Address: _____

City: _____ . State: _____ . Zip: _____

Please indicate any injuries requiring medical attention or medical restriction in teachings, to include allergies that could be fatal: _____

I do hereby submit my application to participate in this Seminar/Event on the above-mentioned date: I do hereby assume all responsibility for any injuries, damages, or losses that I may sustain or incur while attending or participating, and I hereby waive all claims against the United States Kali Association Incorporated, Punong Guro Dennis Watkins or any other Instructor for said organization individually or otherwise for any claim of injuries, damages, or losses that I might sustain occurring at the said dated Seminar/Event.

Signature of Seminar/Event Participant: _____

Signature of Parent or Legal Guardian if under 18 years old: _____

HOPE YOU ENJOY THE SEMINAR/EVENT:
Punong Guro Dennis Watkins
Grandmaster/Head Instructor of the Pugita Filipino System
www.comjuka.com/003-Dennis/



UNITED STATES KALI ASSOCIATION, INCORPORATED