



UNITED STATES KALI ASSOCIATION, INCORPORATED
12740 CAROLINE MAY CT.
EL PASO, TEXAS 79938



Seminar/Event Registration Form

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, Tuhon/Dr. Gaudiosa Ruby PhD-MA. Manong Guro Gary Ruby or any other Instructor for said organization individually or otherwise for any claim of injury 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 yrs. Old: _____.

Hope you enjoy the Seminar/Event:
Tuhon/Dr. Gaudiosa Ruby PhD-MA
Grandmaster/Founder
Comjuka-Kali Systems
Director
United States Kali Association, Incorporated
Filipino Martial Arts Hall of Fame