



**UNITED STATES KALI ASSOCIATION, INCORPORATED**  
**14809 Mike Mendoza Ave.**  
**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