



## **2009 Winter Quarterly Dan Clinic**

**Saturday February 28, 2009**

**Amory Christian Academy**

**Amory, MS**

**Participant Fee:** \$10 which includes lunch  
**Eligibility:** All Region 6 Dans and Cho Dan Bos  
**Equipment:** Traditional White WTSDA Do Bohk, Sparring Gear, Weapons  
**Registration:** **PRE-REGISTER ONLY: By February 17, 2009**  
**Lunch:** BBQ lunch  
**Hotel:** Heritage Inn and Suites, (662) 256-7760, 801 US Hwy 278 West, Amory, MS  
 Rate is \$65.95. Mention you are with the Karate Clinic.

**To Register: Complete Entry Form and mail it to  
 Kathy Miller, 5027 Co Rd 8, Waterloo, AL 35677  
 Make All Checks payable to: WTSDA – Region 6**

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**2009 Region 6 Winter Quarterly Dan Clinic**  
**(Please fill out one application for EACH person attending)**

**Name** \_\_\_\_\_

**Age** \_\_\_\_\_ **Sex: M / F**

**Email address** \_\_\_\_\_

**Address** \_\_\_\_\_

**Belt Rank** \_\_\_\_\_ **Instructor** \_\_\_\_\_

**Studio** \_\_\_\_\_

### **Liability Waiver**

I hereby submit my registration/application for the 2009 Region 6 Quarterly Dan Clinic. I agree to waive all claims against any and all persons, The World Tang Soo Do Association (WTSDA) and its officers, WTSDA Region 6 and its Director and Officers, Region 6 Masters Council, the Region 6 Black Belt Club and its officers, all participating WTSDA Certified Member Studios/Clubs and The Amory Christian Academy and its officers, for any injuries or death I may sustain related to said clinic. I also assume full responsibility for all my actions in connection with said clinic. I understand that the WTSDA and Region 6 may use any pictures of me participating in said clinic, without any compensation.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Must be signed by guardian if under 18)