

Magic City Dojo presents:

Shihan Michael Asuncion, 15th Dan

Bujinkan Budo Taijutsu and Ninja Bikenjutsu

Saturday, April 16, 2015 (10am-5pm)

Sunday, April 17, 2015 (10am-2pm)



at:

Hoover Tactical Firearms
1561 Montgomery Hwy
Hoover, AL 35216

Saturday & Sunday: \$100 pre-paid or \$140 cash at door.

One day only: \$60 pre-paid or \$80 cash at door.

Pre-pay deadline is April 9, 2016

Payment can be sent via www.PayPal.com to magiccitydojo@gmail.com

If you have any questions, please contact Michael Tucker at
205-566-0725 or email at magiccitydojo@gmail.com

Let us know you're coming on Facebook:

<https://www.facebook.com/events/1554469894844300/>

About Shihan Michael Asuncion, 15th Dan



Shihan Asuncion has been training in the Bujinkan since 1985. He also studied boxing and wrestling while at the U.S. Naval Academy in Annapolis, Maryland. He frequently travels to Japan to study with Hatsumi-Soke and Nagase-Shihan. In fact, he'll be visiting us after having been to Japan in November, February, and early April so that we can get the latest training from Japan!

Seminar Fees

Saturday & Sunday: \$100 pre-paid OR \$140 cash only at the door.
One day only: \$60 pre-paid OR \$80 cash only at the door.

To pre-pay, please go to www.PayPal.com and send payment to the account associated with the email magiccitydojo@gmail.com In the subject line, please mention Asuncion160416.

Course Schedule

Saturday, April 16, 2016	9:30am:	Registration
	10:00am:	Training Starts
	12:00pm:	Lunch
	1:30pm:	Training Resumes
	5:00pm:	Training Ends
	7:00pm:	Class Dinner (location TBA)
Sunday, April 17, 2016	9:30am:	Registration
	10:00am:	Training Starts
	2:00pm:	Training Ends

For further info about the seminars, hotels and lodging, please contact Michael Tucker at magiccitydojo@gmail.com (205-566-0725). **Please feel free to pass this info PDF along to your teachers, students, and training partners. This seminar is open to all regardless of rank or style.** Thank you and we look forward to training with you soon! **Registration form below:**

Seminar Registration Form

(Read Carefully Before Signing)

I wish to undertake Bujinkan Budo Taijutsu training at Hoover Tactical Firearms/Magic City Dojo. I certify that I am 18 years or older, or that my legal guardian has signed below to allow me to attend/participate. I certify that I am in good health. I understand that martial art training is inherently dangerous and I knowingly and willingly assume all risk of injury or other damage associated with such training.

I release all teachers, students, and any and all other parties associated with Hoover Tactical Firearms/Tuscaloosa Martial Arts & Fitness from any claim of any and all kinds and I release all parties from any and all liability that may result from any and all injury received, of whatever nature or kind, and I hereby waive any and all claims that I, my successors and or assigns, or any other personal representative acting on my behalf or in my stead, could possibly make with respect to any such injury or damages. I agree for myself, my successors and or assigns and all other possible personal representatives that the above representations are contractually and legally binding, and are not mere recitals, and that should I, my successors and or assigns or any other possible personal representative assert any claim in contravention to this agreement, I, my successors and or assigns or personal representatives shall be liable for any and all expenses, including but not limited to, legal fees, court costs, mediation costs, arbitration costs and attorney fees, incurred by the other party or parties in defending said action or claim. This agreement shall not be construed as a modification of any other provision, or as consent to any other subsequent waiver or modification. I also understand and accept that any moneys paid, including, but not limited to, moneys paid for training tuitions, memberships, and or equipment, once paid are non-refundable, without exception.

Applicant's printed full name

Area code and phone

Applicant's signature

Date

Street address

Witness Name (please print)

City, State, Zip Code

Witness Signature & Date

Legal guardian's printed full name

Area Code and Phone

Legal guardian's signature

Date

Who should we contact in case of emergency? (Please Print)

Area Code and Phone

Significant allergies, illnesses, disabilities, or relevant medical information

E-mail Address

How did you find out about the course?