



STREET SMART Self Defense Seminar

Carleton Fire Hall
Carleton, Nova Scotia

REGISTRATION FORM

NAME:	
ADDRESS:	
EMAIL ADDRESS:	
PHONE:	FAX:

I*, _____ hereby submit my application for registration in the ADTI Street Smart Self Defense Seminar being held on _____. By my participation in same, I hereby assume any and all losses, damages and/or injuries which I may sustain or incur as a result of my attendance and/or participation. I hereby waive any and all claims against the Atlantic Defensive Tactics Training Institute, Mackenzie Taekwon-Do, Crowell Taekwon-Do, it's instructors and students, individually or jointly for any and all losses, damages and/or injuries.

Applicant's Signature: _____

*Must have parent's signature if under 19.

Parent's Name: _____

Signature: _____

REGISTRATION FEE: \$29.95