

平成 22 年度 柔道夏期講習会申込書

2010 Kodokan Summer Course Application Form

Please check (✓) the box (□) that you wish to attend

SUMMER COURSE I “Kata”

SUMMER COURSE II “Technique”

SUMMER COURSE for Boys and Girls

Name: _____
 First name Middle name Family name

Kodokan No: _____ Sex: Male / Female

Date of birth: _____ / _____ / _____ (Age: _____) Nationality: _____
 Year Month Day

Passport No: _____

Address in Japan: _____

Home address: _____

Occupation: _____

Grade: _____ (Dan/ Kyu) of (Kodokan/ your country)

If you agree to the conditions set forth below in connection with your participation in the Kodokan summer course, please sign your signature below.

1. I will not hold the Kodokan Judo Institute responsible for any injury or accident that I may suffer during training.
2. I will be solely responsible for the safekeeping of any valuables that I may bring to the Kodokan Judo Institute.
3. I will comply with all rules and etiquette in the Kodokan Judo Institute.
4. I will comply with all the instruction and guidance given by instructors and staffs of the Kodokan Judo Institute.

Date: _____ Signature: _____