

# Kata Seminar

## World Kata Champion Clay Morton

### June 5th - 7th, 2009

**Boroughs Martial Arts & Fitness Center**

57 East Main Street, Suite 100  
Westborough, MA 01581



We are extremely honored to welcome WORLD CHAMPION Dr. Clay Morton to our dojo! He comes to teach you breathing, timing and training methods of world championship kata. Dr. Morton has been competing extensively nationally and internationally for over 20 years. In 2006, he placed first in the World Championships, with his biggest honor receiving a standing ovation after winning the gold at the SKIF in Tokyo, Japan. Dr. Morton has melded his karate experience with his chiropractic knowledge to specialize in body mechanics of proper motion to increase speed and power. Dr. Morton is also a contributor to American Samurai and the Shotokan Karate International Federation USA Newsletter and is on the WKF Athlete Commission. Please refer to his website for additional fascinating and inspiring facts and instructional videos at [www.drclaymorton.com](http://www.drclaymorton.com).

	<b>Date</b>	<b>Time</b>	<b>Kata</b>	<b>Level</b>
<b>A</b>	Fri, June 5	6:00 - 7:00 PM	Sochin	Advanced
<b>B</b>		7:00 - 8:15 PM	Unsu	Advanced
<b>C</b>	Sat, June 6	9:00 - 10:00 AM	Kata Workshop for all	Beginner - Instructor
<b>D</b>		10:00 - 11:00 AM	Heian Godan	Novice - Intermediate
<b>E</b>		11:15 - 12:15 PM	Bassai Dai	Novice - Advanced
<b>F</b>		1:00 - 3:00 PM	Private Lessons up to 4 people \$75/hr	<i>Note: These will go quick!</i>
<b>G</b>	Sun, June 7	9:00 - 10:00 AM	Kata Workshop for all	Beginner - Instructor
<b>H</b>		10:00 - 11:00 AM	Kanku Sho	Advanced
<b>I</b>		12:00 - 1:00 PM	Kanku Dai	Intermediate - Advanced



## REGISTRATION FORM

### Clay Morton Kata Seminar

June 5 - 7, 2009



### Boroughs Martial Arts & Fitness Center

57 East Main Street, Suite 100  
Westborough, MA 01581  
774.239.1346/www.massdojo.com

#### GENERAL INFORMATION

Parent's Names:	
Mailing Address:	
Home Phone:	Work Phone:
Cell Phone:	Email:
Emergency Contact (other than parent):	Phone:

Name	Age/Rank	Session(s)	Total Cost**
1)		A B C D E F* G H I	
2)		A B C D E F* G H I	
3)		A B C D E F* G H I	
4)		A B C D E F* G H I	
<b>Total Payment:</b>			
<b>*Private session date/time:</b>			

Circle all sessions that apply for each participant. **Please make checks payable to Rossini Karate Aiki-Jitsu, LLC** and mail to Boroughs Martial Arts Center, 57 East Main Street, Suite 100, Westborough, MA 01581 by May 31, 2009. If you have any questions, please contact Sensei Rossini at [massdojo@verizon.net](mailto:massdojo@verizon.net) or 774.239.1346.

#### Cost & Discounts:

**\*\* One Session = \$30; Two Sessions = \$50; Three Sessions = \$75; Four or more sessions = \$90**

#### Level/Rank:

**Beginner = White through Yellow; Novice = Blue through Purple; Intermediate = Brown; Advanced = Black**

#### WAIVER

I, the undersigned do hereby volunteer my application for the attendance and participation in the Rossini Karate & Aiki-Jitsu, LLC Kata Seminar at Boroughs Martial Arts & Fitness Center June 5 - 7, 2009 and do hereby assume full responsibility for all injuries, damages or losses that I or my child may sustain or incur, if any, while attending/participating. The undersigned agrees to defend, indemnify, and hold harmless Clay Morton, Rossini Karate & Aiki-Jitsu, LLC, its officers, managers, members, employees, agents and coaches/instructors and their successors and assigns from and against all legal liability, claims, suits, damages, losses, and expenses, including attorney fees, threatened or incurred, and arising from participation, or from any cause whatsoever. I fully realize that participation in the Kata Seminar can be dangerous and could result in serious injury or possibly death and freely assume that risk. In the event of an emergency, I give permission for Rossini Karate & Aiki-Jitsu, LLC to give myself or my child first aid and to arrange for transportation to a hospital and to receive emergency medical treatment. I will assume all costs for medical care and transportation. Please list below any current or previous accidents, illnesses, or physical limitations that could impact, stop, or prevent you or your child from participating in the Karate Seminar.

1. Allergies: \_\_\_\_\_
2. Medications: \_\_\_\_\_
3. Physical Limitations: \_\_\_\_\_

The above-named participant is physically able to participate in the Karate Seminar without limitations (except as described above). I release permission for use of my or my child's picture for promotional material including brochures, advertisements, or Massdojo.com or onestopfun.com websites. Names are not used in any promotional material.

Read and agreed to by: \_\_\_\_\_ (Parent/Guardian/Adult Participant) Date: \_\_\_\_\_