



# American Jujitsu Institute

## Multi-Purpose Registration

Date \_\_\_\_\_

**Type of Registration**     New     Renewal     Promotion     Changes to Info

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate mm/dd/yyyy \_\_\_\_\_ Sex \_\_\_\_\_ Phone Number \_\_\_\_\_

email Address \_\_\_\_\_

Dojo/Affiliation \_\_\_\_\_ Instructor \_\_\_\_\_

Current or New Rank \_\_\_\_\_ Belt Color \_\_\_\_\_ Date of Rank \_\_\_\_\_

### Dues and Fees - Enter Amount you are submitting

Yearly Dues - Kyu Ranks = \$25.00   
Yearly Dues - Black Belts = \$40.00   
Yearly Dues - Chief Instructors = \$50.00   
Annual Dojo Dues = \$60.00

Check  Jujitsu School  
type of Dojo:  Non Jujitsu School

### Diploma and Certificate Fees

All Kyu Ranks = \$ 5.00  
 Black Belts Ranks 1 thru 5 = \$ 30.00  
 Black Belts Ranks 6 thru 10 = \$ 50.00  
 Professorship = \$ 50.00  
 Associate Professor = \$ 50.00  
 Certificate of Good Standing = \$10.00

Total Submitted:

**Waiver of Liability:** I certify that I am medically and physically able to participate in this activity. I have been made aware of the potential hazards involved in jujitsu, karate and other self defense training and competition. Knowing the potential hazards involved and in consideration of my application being accepted, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, waive, release and discharge the American Jujitsu Institute, it's instructors, the City and County of Honolulu, the State of Hawaii and anyone acting on their behalf, from any and all claims of liability for personal injury or death arising out of, or in the course of participating in this activity. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

*Digital Signatures OK.*

Parental Signature/Consent if Under 18 years \_\_\_\_\_

Print Parent's Name \_\_\_\_\_

Mail to: AJI c/o Mindy DeCastro 82 Kaluhea St. Wahiawa, Hi 96786  
or email a copy to: **decastro.mindy5@gmail.com**