Registration Form

CLASH OF THE TWENTIES 07/06/2015

|  |  |
| --- | --- |
|  | Tournament participation |
|  | Attending Seminar |
|  | Companion / mate / partner |

**Name**:.....................................................................

**Surname**................................................................

**Address**:……...................................................................................................................................

….....................................................................................................................................................

**E-mail**............................................................................................................................................

**Date of birth:** …............................................................................................................................

**Group ( if applicable )**…...............................................................................................................

….....................................................................................................................................................

HEALTH & LEARNING INFORMATION: (Please inform us of any injuries, medical conditions, allergies, medication or learning support required)

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**In Case of Emergency Contact:** ………..…………….............................................................................

**Statement:**

By subscribing the following statement to participate to the above mentioned courses/events, I declare that I have undergone medical exams which certify my suitability for non-agonistic physical activity. Moreover, I accept to behave with courtesy, responsibility and with particular regards to safety. I am aware that, whenever my behavior is indicated as non adequate or dangerous, I will be immediately expelled from this this course/event as well as future ones without any refund. I furthermore acknowledge that the above mentioned activities implies a certain percentage of risk and that there is a possibility to be injured while learning and practicing such activities. By signing this statement, I accept the implied risks and I discharge "Accademia Scrima Torino", the instructors and the organizers from whatsoever legal responsibility.

In addition, I consent the organization to take pictures and/or shoot videos of the courses, and I agree in allowing the organizers to use them (as well as my image) for promotional and didactic material.

**Name and Surname(capital letter)**...................................................................................

**Date and Sign**........................................................................................................................