



# **Welcome Midori Yama Budokai Annual Clinic**

**Mar 29 – Mar 31**

## **Time of Clinic**

**Mar 29th**

**6:30-8:00pm**    **Open mat time at 725 N. 7<sup>th</sup> St. and early registration**

**Mar 30th**

**725 N. 7<sup>th</sup> St**

**8:45-9:30**

**Registration/Warmup/Introduction**

**9:30-12:30**

**Clinics**

**12:30-2:00**

**Lunch**

**2:00-5:00**

**Clinics**

**Mar 31st 725 N. 7<sup>th</sup> St.**

**9:30-12:00**    **Clinic**

**Clinic Cost: \$80**

**Make checks out to MYB and please send money and completed registration form to:**

**Ken Baker 2150 Shenandoah Dr. Leavenworth, Ks 66048-6533**

**POC: Ken Baker 913-651-5018 email: kbaker@kc.rr.com**

**or go to**

**<http://www.midoriyamabudokai.com/Events.asp>**

**and pay using Paypal**

**MIDORI YAMA BUDOKAI Clinic**  
**sponsored by**  
**Sagasu School of Self-Defense, Inc**  
**Injury Waiver Registration Form**

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address                      City                      State    Zip

\_\_\_\_\_  
Date(s) of Birth (Month/Day/Year)

\_\_\_\_\_  
Sex                      Age(s)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

I, We, or parent(s) of the above named person(s), who is/are participating in the above named self-defense class or clinic, hereby give my/our approval to his/her participation in any and all of the activities of the class. I/We assume all risks incidental to the conduct of the class. I/We do further release, absolve, indemnify, and hold harmless the Sagasu School of Self-Defense Inc., the sponsors and supervisors, agents and employees, any or all of them. In case of injury my/our child/children or myself, I/We hereby waive all claims against the organizers, sponsors, or any of the supervisors appointed to them. I/We likewise release from responsibility any person transporting my/our child/children or myself, to or from the class or activity. I/We would furnish a birth certificate if so requested by the Sagasu School of Self-Defense Inc.

I have met the following requirements.

1. I have had a physical examination deeming myself physically fit for this activity.
2. I am carrying or being carried on medical insurance.
  - a. Name with whom you have medical insurance \_\_\_\_\_
3. I have read and have a complete comprehension of all rules and regulations.

\_\_\_\_\_  
Parent(s) Signature(s)

\_\_\_\_\_  
Participant(s) Signature

## **Motels**

Days Inn	3211 S.4 <sup>th</sup> St.	Leavenworth	913-651-6000
Americas Best Value	303 Montana Ct	Leavenworth	913-682-0744
Lansing Econolodge	504 N. Main	Lansing	913-727-2777
Holiday Inn Express	120 Express Ln.	Lansing	913-250-1000
Fairfield Inn	1101 North 4th St.	Leavenworth	913-758-9303
Hampton Inn	405 Choctaw Street	Leavenworth	913-680-1500
Commander's Inn	1118 N. 6th St.	Leavenworth	913-651-5800

## **Restaurants**

Applebees	2912 S. 4 <sup>th</sup> St.	Leavenworth
Baan Thai Restaurant	301 S. 4 <sup>th</sup> St.	Leavenworth
China Buffet	3108 S. 4 <sup>th</sup> St.	Leavenworth
Hardees	4925 S. 4 <sup>th</sup> St.	Leavenworth
Grinders	206 Choctaw	Leavenworth
Homers	1320 S. 4 <sup>th</sup> St.	Leavenworth
KFC	2024 S. 4 <sup>th</sup> St.	Leavenworth
Long John Silvers	3201 S. 4 <sup>th</sup>	Leavenworth
Luigi's Italian Restaurant	418 Cherokee	Leavenworth
McDonalds	3121 S. 4 <sup>th</sup> St.	Leavenworth
Mr.Goodcents Subs & Pasta	2915 Trailhead	Leavenworth
New China Inn	3519 S. 4 <sup>th</sup> St.	Leavenworth
Pullman Place	230 Cherokee	Leavenworth
Santa Fe Depot	781 Shawnee	Leavenworth
Sonic Drive Inn	1000 N. 4 <sup>th</sup> & 2309 S. 4 <sup>th</sup> St.	Leavenworth
Taco Bell	2925 S. 4 <sup>th</sup> St.	Leavenworth
Tampico (Mexican)	215 Delaware	Leavenworth
Ten Penny	529 Cherokee	Leavenworth
The Towne Pub	1001 Ottawa	Leavenworth
Wendy's	4 <sup>th</sup> & Limit St.	Leavenworth