



Kasuga Ondeko Workshop

Registration Form



Last Name: _____ First Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Ethnic Origin: _____

(For grant statistics/organizational use)

Number of Years Drumming: _____ Number of Years Dancing: _____

Taiko Group Affiliations: _____

Special Medical Considerations / Allergies to Medicine, Food or Other Health Conditions?

Emergency Contact: _____ Phone: _____

Check # _____

\$75 ~ Single 3 hr Session _____

\$200 ~ All Day Saturday Only _____

\$250 ~ Full Weekend by Nov. 31st _____

\$275 ~ Full Weekend by Dec. 20th _____

\$295 ~ Full Weekend on Site Payment _____

Make Check Payable to:

Sacramento Taiko Dan / Kasuga Ondeko

P.O. Box 189338

Sacramento, Ca 95818

RELEASE OF LIABILITY

1. I understand that the practice of taiko drumming is a strenuous physical activity, and that some risk of injury is involved during classes, rehearsals and performances.
2. I will not hold Sacramento Taiko Dan, its members, staff or advisers liable for injuries, personal loss, personal damages, property loss or property damage that may occur as a result of my participation in this program.
3. I hereby agree to allow photographs and video images of me to be used in conjunction with grant applications and promotional activities, including but not limited to print and televised media.
4. I have read this document and I have received answers to any questions I might have about this document. I understand what I am signing and consent to these conditions.

 Participant's Signature

 Date

 Parent/Guardian is participate is under 18 years of age

 Date

 Parent/Guardian Printed Name