

**BLACKBURN TAEKWON-DO PRESENTS...**  
**OTTAWA AREA TAEKWON-DO SEMINAR**  
**WITH MASTER PIERRE LAQUERRE**  
(8<sup>th</sup> DEGREE BLACK BELT & TECHNICAL DIRECTOR OF THE CANADIAN TAEKWON-DO FEDERATION)

DATE:

**Saturday, June 27, 2009**

10:00 to 1:00 PM – Morning Training Session (relating to Patterns)

1:00 to 2:30 PM – Lunch Break

2:30 to 5:30 PM – Afternoon Training Session (relating to Sparring)

COST:

\$50.00 – Per Participant (register by June 20)

\$75.00 – Per Participant (after June 20 if there is still room)

This Seminar is for Yellow Belt & Up, Ages 10 & Up

***Limit of 48 People for this event only!***

LOCATION:

**BLACKBURN TAEKWON-DO LTD.**

2652 INNES ROAD (Next to BUCK OR TWO)

OTTAWA, ONTARIO, K1B 4Z5

**STUDENT APPLICATION FORM**

Name: \_\_\_\_\_  
Last Name First Name

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Present Rank: \_\_\_\_\_  
Feet/inches in pounds

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Dojang: \_\_\_\_\_ Instructor: \_\_\_\_\_

Email: \_\_\_\_\_ Tel. No.: ( \_\_\_\_\_ ) \_\_\_\_\_

**Student Waiver Form -**

I hereby release Blackburn Taekwon-Do, Mr. Steven LeGrow, its principals, their employees and agents of and from any claim for loss or injury sustained in the course of any training program of the school, however caused while on the premises at Blackburn Taekwon-Do located in Blackburn Hamlet (Ottawa / Gloucester), Ontario.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**If Applicant is under 18 years of age –**

I, the undersigned parent / legal guardian of the above applicant agrees to indemnify and save Blackburn Taekwon-Do, Mr. Steven LeGrow, it's principals, their employees and agents from any claim for loss, injury or damage to persons or property in the course of any training program in which my child is enrolled which my child or any person claiming through my child may have at any time arisen out of or connected with the operation of the school and the event named above in the header of this document.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Please make all cheques or money orders payable to:  
**Blackburn Taekwon-Do Ltd.**

Please send all application forms and payments to:  
**1839 Appleford Street, Ottawa, Ontario, K1J 6T5**