



July 19th, 2010

Dear Students, Parents and Friends,

I would like to take the opportunity to invite you to the "Street Fight" Workshop, conducted by Master Vasilis Alexandris, 8th Degree Black Belt, ITF. This workshop is designed to demonstrate the art of self-defence using the Chang Hon technique in a "street-wise way".

This year, Master Alexandris will present the morning session of both days not only for taekwondo practitioners, but also to accommodate Mums, Dads, family and friends with no previous experience in Martial Arts or self-defence concepts. The afternoon sessions will be designed for practitioners of taekwondo (juniors from blue-belt onwards, adults of all belt levels). If you want to attend the afternoon sessions but are not sure of your eligibility, please contact Dr Lisa Wise, Mr John Ravlic or Sabum Cariotis for further information.

The morning sessions of the workshop will run from 9:00 am to 12:00 pm on both days. The afternoon sessions will run from 1:00 pm to 4:30 pm. A barbecue lunch (sausage/burger, salad and a drink) will be available from 12:00 pm – 1:00 pm.

For enquiries: Dr Lisa Wise (info@usmataekwondo.com) or Mr John Ravlic (john@ravlic.net) or phone USMA Headquarters at 03 9543 2626 and leave a message

Workshop Dates: Sat 21st and Sun 22nd August 2010

(Please keep this page for your information and return the completed medical form with your payment)

Venue: Games Hall, Bldg 1, Monash University, Clayton Campus

Time: 8:30 am – 4:30 pm both days.

Registration: 8:30 am – 9:00 am

Morning Session: 9:00 am – 12:00 pm

Barbecue Lunch: 12:00 pm – 1:00 pm

Afternoon Session: 1:00 pm – 4:30 pm

A training session for Blackbelts only will take place on Thursday 19th August at the Clayton dojang from 8:00 – 9:30 pm, and a dinner with Master Vasilis will take place on Sunday 22nd August in the evening (venue and pricing to be confirmed).

Kindest regards,

Sabum Spiridon Cariotis, VI Dan, ITF

Head Instructor / Director, USMA Taekwon-Do



MASTER VASILIS WORKSHOP REGISTRATION FORM

Name: _____ Martial Arts Rank: _____ Phone: _____

Address: _____ Email: _____

Additional Participants: (each participant must complete a medical form)

Name: _____ Rank: _____ Phone: _____ Email: _____

Name: _____ Rank: _____ Phone: _____ Email: _____

Name: _____ Rank: _____ Phone: _____ Email: _____

Name: _____ Rank: _____ Phone: _____ Email: _____

			Quantity
Juniors	\$60.00	2 Half Days	<input type="checkbox"/>
Mums & Dads & Friends	\$100.00	2 Half Days	<input type="checkbox"/>
Seniors/Adults	\$150.00	2 Full Days	<input type="checkbox"/>
Black belts	\$250.00	2 Full days (+ Thur night)	<input type="checkbox"/>
Spectators	\$25.00	per Half Day	<input type="checkbox"/>

Extras lunches (\$5.00 or pay on the day) _____ TOTAL PAYABLE _____ CHQ/CASH/EFT

Cheques payable to USMA Taekwondo

EFT: USMA Taekwondo BSB 083372 Account No 454758705

Spectators: Workshop observers pay \$25 per half day including lunch. Entry to the venue for family members accompanying children under 12 (and not participating in the workshop) is free. The barbecue lunch can be purchased for \$5. Parents/friends able to assist with the barbecue, please contact Mr John Ravlic or Dr. Lisa Wise.

Special: For Black Belts only, on Thursday 19th August, Master Alexandris will instruct an extra class from 8 pm until 9.30 pm.

"Enjoy the Art"

Please Note : 21st August, 2010 is FEDERAL ELECTION DAY – please consider the option of using an early voting centre in the week preceding the election, or lodging a postal vote.



MASTER VASILIS WORKSHOP

AMOUNT PAID: _____ **PAYMENT TYPE:** CHQ CASH EFT

MEDICAL INFORMATION

Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Do you have Ambulance Cover? YES / NO

Are you allergic to any medication? YES / NO

If yes, what medication? _____

Are you currently taking any medication? YES / NO

If Yes, what medication? _____

Do you suffer from: Asthma YES / NO **Epilepsy** YES / NO **Heart Conditions** YES / NO

Any , other conditions? _____

NOTE: It is the responsibility of the participants to inform organizers and First Aiders of any pre-existing medical conditions, and to supply appropriate medication if needed.

I _____, declare that all the information given above is correct, and give authority to qualified medical staff to administer any treatment they feel appropriate in the possible event of injury

Signature _____ **Date** ___ / ___ / ___

Parent / Guardian Signature _____ **(If under 18years)**

DECLARATION AND WAIVER

I, the undersigned in consideration of, and as a condition of acceptance of my participation in the workshop hosted by **USMA TAEKWON-DO**, for myself, my heirs, executors and administrators hereby waive all and any claims, right or cause of action which I or they may otherwise have, for or arising out of loss of my life or injury or damage of loss of any description whatsoever; which I might suffer or sustain in the course of, or consequent on my participation in the said workshop.

Signature _____ **Date:** ___ / ___ / ___

I certify that I am the parent / guardian of _____ who will be _____ years of age on the day of competition and has my consent to compete in this event. I have checked that all of the information on this form is true and correct, and understand the conditions of entry.

Parent / Guardian Signature _____ **Date** ___ / ___ / ___ 2010 **Mobile:** _____