

# INTRODUCTION TO TAIKO WORKSHOP APPLICATION FORM

| NAME:   |        |
|---|--------|
| ADDRESS:  |        |
| TELEPHONE:  |        |
| E-MAIL:   |        |
| EMERGENCY CONTACT:  | _      |
| EMERGENCY TELEPHONE:  |        |
| MEDICAL CONDITIONS:   |        |
| Taiko drumming involves physical exertion. Identify any medical, phyor psychological conditions that your instructors should be aware of. | ysical |

## SCHEDULE:

Classes will be held at the Japanese Canadian Cultural Centre from Sunday's to10am-11:00am

#### **REGISTRATION FEE:**

For members of the KJCA, the fee is \$20.00.

For non-members of the KJCA, the fee is \$30.00.

Make cheques payable to **Raiden Taiko**, c/o Kamloops Japanese Canadian Association, 160 Vernon Avenue, Kamloops, BC V2B 1L6. Post-dated cheques are not acceptable. Applications are deemed to be incomplete unless accompanied by payment.

MINIMUM AGE AND ELIGIBILITY: Applicants 10 and over

#### Please read the following carefully:

I, the undersigned applicant, acknowledge that I am applying for a workshop in taiko drumming, which may involve strenuous exercise and physical exertion. I am aware that taiko drums create high noise levels, The National Association of Japanese Canadians - Vernon chapter, its members, officers regularly when played indoors in a group situation. As a condition to being admitted to the workshop as a student, I assume the risk of all injury and do hereby indemnify and hold harmless Raiden

### Taiko, the Kamloops Japanese Association, and

and agents (including all **Workshop Leaders**) from any and all liability for all claims, actions or damages due to injuries suffered by me or caused to third parties by me, arising out of activities involving taiko or any variation thereof, whether occurring on the premises or elsewhere.

I agree to abide by the rules of the workshop and to follow explicitly all instructions given by instructors during the course of the workshop

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given by instructors during the course of the workshop.

| Signature of Applicant:                 |  |
|---|--|
| *Signature of Parent or Legal Guardian: |  |
| Amount paid: \$                         |  |

Date: Sunday, Nov.26th / 2022

\*NOTE: Waiver form must be signed by a parent or legal guardian for any applicant under 19 years of age.