



USAF ATLANTA

SEMINAR

OCTOBER 1-3, 2010



Y. Yamada
8TH DAN, SHIHAN



The Aikido Center of Atlanta

PEACHTREE



AIKIKAI ATLANTA

ACCOMMODATIONS: THE EMORY CONFERENCE CENTER HOTEL AND EMORY INN

Situated on almost 35 wooded acres, The Emory Conference Center Hotel is a beautiful building designed in the style of Frank Lloyd Wright. It includes amenities such as hiking trails, fine restaurants, and an indoor pool. The conference center is located approximately 15 minutes from the dojo (see directions). Since rooms in the conference center can be pricey (before taxes they are \$139 per night even with the Aikido Weekend discount), you may choose to stay at the adjoining Emory Inn for a savings (only \$99 before tax). Guests at the Emory Inn are allowed access to the conference center facilities at no extra charge.

Emory Conference Center Hotel	Emory Inn
1615 Clifton Road	1641 Clifton Road
Atlanta, GA 30329	Atlanta, GA 30329

800-93-EMORY (800-933-6679) or 404-712-6565
Please identify yourself as a guest of the Aikido Center.

FEES

The cost of the seminar is \$95 at the door for all three days or \$90 if pre-registered by September 10, 2010. The cost for Saturday only is \$80 and Friday only is \$65. You may pre-register with your Visa or Mastercard by contacting Kennedy Sensei during office hours at 770-449-6333.

CONTACT INFORMATION

116 Center Street
Avondale Estates, GA 30002
770.449.6333 or 404.431.8929
aikiatl@mindspring.com
www.aikidoatlanta.com

SCHEDULE

Friday 10/1

Peachtree Aikikai (2055 Piedmont Rd NE, Atlanta GA 30324)

6:00pm	Registration
6:30pm - 8:00pm	Y. Yamada

Saturday 10/2

Aikido Center of Atlanta (116 Center St., Avondale Estates GA 30002)

9:00am - 10:00am	Registration
10:10am - 11:10am	Y. Yamada
11:10am - 12:10pm	Y. Yamada
12:10pm - 1:30pm	Lunch at dojo (included in seminar fee)
1:30pm - 3:00pm	Y. Yamada
3:15pm - 4:30pm	Dan testing*
4:30pm	Pizza party at dojo

Sunday 10/3

Aikido Center of Atlanta

10:00am - 11:00pm	TBD
11:00 am - 12:00pm	TBD

Class times are subject to change at the discretion of the instructor.

DIRECTIONS FROM THE EMORY CONFERENCE CENTER HOTEL AND EMORY INN TO PEACHTREE AIKIKAI

RIGHT out of parking lot on to Clifton Road; Drive .8 mi and turn RIGHT at Briarcliff Road; Drive .7 mi and turn LEFT at Lavista Road; Drive 1.1 mi and turn LEFT at Cheshire Bridge Road; Drive 1.2 mi and turn RIGHT at Piedmont Road; Drive .3 mi and turn RIGHT at Lambert Drive; Peachtree Aikikai will be on your right. Parking is available in front of the building and in an open air parking lot straight ahead on Lambert Drive

DIRECTIONS FROM THE EMORY CONFERENCE CENTER HOTEL AND EMORY INN TO THE AIKIDO CENTER

LEFT out of parking lot on to CLIFTON RD NE toward N. DECATUR RD NE; turn LEFT on N. DECATUR RD NE; turn RIGHT on DEKALB INDUSTRIAL WAY; continue over bridge on SAM'S CROSSING; turn LEFT on EAST COLLEGE AVE; continue on N AVONDALE RD; turn LEFT on CENTER ST. Aikido Center is on the left.

*Dan testing note: please submit Dan test applications by September 10. Applicants' Instructor must be present for testing.

REGISTRATION FORM AND LIABILITY WAIVER

The practice and of the art of Aikido is intended to teach self-defense and to develop coordination for the mind and body of the practitioner. Inherent to the practice of the art is physical conditioning; the delivering and blocking of blows, completion of body throws, and the application of pressure against certain joints and other parts of the body. During practice, you will act as both the attacker and the person attacked in order that both you and your partners may learn this art.

In consideration of my participation in this seminar, I hereby waive any right or cause of action I may have against the Aikido Center of Atlanta, Peachtree Aikikai, and the United States Aikido Federation, for any injuries suffered by me or any of my family during martial arts training, demonstrations, and practice - both supervised and unsupervised - or special events.

Name: _____

Address: _____

City/State/Zip: _____

Home dojo: _____

Phone #s: _____

E-mail: _____

Signature: _____

Witness: _____

Parent or guardian: _____

Emergency contact: _____