

# Fallen Warriors 2013

柔術

## National Martial Arts Training Seminar



Saturday, August 10<sup>th</sup> 2013  
10 am to 5 pm

*Guest Instructor:*

**Hanshi Steven Roensch, 9<sup>th</sup> Dan**



Hanshi Steven Roensch is a Board certified Doctor of Oriental Medicine and the Dean of Clinical Sciences for the East West College of Natural Medicine in Sarasota, Florida. Hanshi Roensch began his martial arts training in 1969 in Vietnam while serving in the US Army. Today, he holds the rank of Kudan (9<sup>th</sup> Degree Black Belt) in Shintoyoshin-Kai Combat Jiu-Jitsu and Shichidan (7<sup>th</sup> Degree Black Belt) in Shuri-Ryu Karatedo. He served as the Chief Instructor for the American Jiu-Jitsu Karate Association International for 25 Years and is currently the Menkyo Kaiden for Shintoyoshin Jiu-Jitsu, the National Director of the American Budokai Society and founder of both the American Budokai International and the Professional Association of Martial Arts Instructors.

Sponsored by:

Professor Rey Perez, 8<sup>th</sup> Dan  
Iron Warriors Training center

Accommodations:

Ramada Inn  
(Downtown Hollywood)  
1925 Harrison St  
Hollywood, FL 33020  
(954) 927-3341

Seminar Cost:

\$75 for Registration

Held at:

Iron Warriors Training Center  
1939 Harrison St  
Hollywood, FL 33020  
(954) 923-1077

Join our certified instructors and ABI members and be part of  
ABI's continuing martial arts professional education program

# Fallen Warriors 2013

柔術

## National Martial Arts Training Seminar

Saturday, August 10<sup>th</sup> 2013

10 am to 5 pm

### Registration Form

The undersigned hereby acknowledges the existence of certain risks in the type of training and agrees to assume all risk and responsibility. He/She further relieves Iron Warriors Training Center, Steven Roensch, Rey Perez, assigned instructors or any other person or persons acting on their behalf, of all liability resulting from personal injury or loss of personal property. The undersigned further stipulates that he/she is physically sound and that he/she has medical approval to proceed with this type of training and will provide their own health/accident insurance. The undersigned agrees that this release shall remain in force indefinitely from the above date.

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Parent or Guardian \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Dojo: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Facebook: \_\_\_\_\_

ABI Active Membership: YES  NO  (check one)

Signature of Student (or Parent/Guardian if under 18 Years Old): \_\_\_\_\_

#### Seminar Cost:

\$75 for Registration

*Make checks payable*

*to:*

*American Budokai  
International*



#### Mail pre-registration to:

American Budokai International, 6517  
Lincoln Rd, Bradenton, FL 34203