

Danzan Ryu Seifukujitsu Institute

a division of the
American Judo and Jujitsu Federation

DZRSI Student Agreement

AJFF REGISTRATION

Register with the AJFF before filling out this Agreement!

PROGRAM INFORMATION

Program Director's Name: _____

Location of Course: _____

Start Date: _____

This Program will be taken (Circle one):

In-person Online Blended

If you would like to apply for a Professor Pat Browne DZRRT Scholarship, contact the DZRSI Records Administrator: healingarts@ajjf.org for a Scholarship Application.

PERSONAL INFORMATION

Name: _____

Date of Birth: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Physical Address:

Street: _____

City: _____ State: _____ Zip Code: _____

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AJJF INFORMATION

Are you studying jujitsu? Yes / No

If Yes:

AJJF Jujitsu Rank: _____

Sensei: _____

AJJF School: _____

or

I am Unaffiliated with an AJJF School

PREVIOUS TRAINING

I have graduated from a Danzan Ryu Restorative Therapy (DZRRT) Program and have received a certificate for:

DZRRT Technician Program (Module 1):

Where: _____

When: _____

Program Director: _____

Certificate Number: _____

Expiration Date: _____

DZRRT Practitioner Program (Module 2):

Where: _____

When: _____

Program Director: _____

Certificate Number: _____

Expiration Date: _____

Other Healing Arts training, please list: _____

Have you ever spoken to any DZRSI Instructor about taking this program?

If yes, to whom have you spoken? _____

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SIGN THE AGREEMENT

“I understand that to enter this course, I will be required to:

- be an AJJF Registrant and to maintain my Registration for the duration of the program.
I understand that the AJJF Registration fee is non-refundable
- complete an AJJF background Screen and maintain a Clear Status for the duration of the program.
I understand that the AJJF Background Screen fee is non-refundable
- pay all course fees
- sign the DZRSI Ethics Statement
(This is different from the AJJF Black Belt Ethics Statement)
- be at least 18 years of age or older
- practice will involve physically giving and receiving bodywork in the course
- have a High School diploma, or GED, or demonstrate an ability to benefit from the course.
- have computer skills, or assistance as required, sufficient for the course work
- for the Online Blended Course, pass an interview on those skills with my Online Manager

“I understand the above, and agree to each of the items listed.

“Before and during the course, I will inform the Program Director of any personal health concerns relevant to the giving and receiving of bodywork. I understand that the information I share will be confidential.

“My signature physically or electronically affirms my agreement to all of the terms above, my promise that all information provided is accurate to the best of my knowledge and that my intention is to participate in this program and to successfully complete all of the coursework.”

Signature _____ Date _____