

Tsugiashi Do Ju-Jitsu Classes



**for Adults
for 2020**



WHO: Adults only

WHAT: The Tsugiashi Do Ju-Jitsu system is an innovative evolution of several traditional martial arts styles. The literal translation of "Tsugi" (again) "ashi" (foot) "do" (the way) reveals the major emphasis of the system. It is indeed "the way of the following foot". The system is a method of stepping, body positioning, evasion, and hand and wrist techniques for close-in multiple attacks is the basis for Tsugiashi Do Ju-Jitsu. If the feet can get you where you need to be, it becomes easy to use the techniques you have learned.

Tsugiashi Do Ju-Jitsu has been designed as a "soft style" control system. It is a matter of using knowledge to avoid and nullify a potentially dangerous attacker. "You don't have to swat a fly with an atom bomb".

WHEN: Fridays: January through December 2020 from 7:00pm to 9:00pm.

NOTE: Specific meetings dates will be confirmed through the instructor due to Holidays, etc.

WHERE: Activities Building located at 91 Passaic Valley Road in Montville (across from Willow Creek Stables).

INSTRUCTOR: Sensei Marshall Stanton

COST: FREE. Must be pre-registered.

SUBMIT FORMS TO: Montville Recreation (located at 195 Change Bridge Road in Montville)

REGISTRATION PROCEDURES:

- 1. In Person on the Rec Desk Kiosk, 2. On-Line from Home,
- 3. Payment Drop Box in Municipal Building's Parking Lot **OR** 4. Snail Mail (must have family page set up on Community Pass)

For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>

To Download Registration Forms go to: <http://www.montvillenj.org/RecFlyers>

****NOTE: If coming to the Rec Dept, you will register directly on the Kiosk at the Rec Desk. No need to fill out paperwork!**

CLASS SIZE IS LIMITED !!! FIRST COME, FIRST SERVE !!!

QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit our Website: www.montvillenj.org



LIKE us on FACEBOOK at: <https://www.facebook.com/Montvillerec/>



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Participant Name _____ M/F _____ Age _____ D/O/B _____

Address _____ Town _____ Zip Code _____

Cell Phone # _____ Home Phone # _____

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) _____

Emergency Name & Phone # _____

Known Medical Conditions/Allergies _____

Please list any special needs that you may have that will assist us in providing a successful program:

I understand that the Recreation Department DOES NOT provide accident insurance.

I understand that participation in this program is done at my own risk. Recognizing that there is a risk of injury associated with this program, I release, indemnify and hold harmless the Township of Montville, the employees and program instructors from and against any and all claims.

PARTICIPANT SIGNATURE _____ DATE _____

FOR OFFICE USE (12/20/19): Received By _____ Date _____ **PROGRAM # 876**