

# MEMBERSHIP APPLICATION

**Please print clearly**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Print First Name Print Last Name*

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E- Mail: \_\_\_\_\_

Previous Kendo Experience: No or Yes – Federation: \_\_\_\_\_ Kendo Rank\* \_\_\_\_\_  
*\* Please provide copy of menjo certificate*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

Health Concerns: No or Yes: If yes, explain; \_\_\_\_\_

Medical Insurance: No or Yes: \_\_\_\_\_  
*Medical Insurance Carrier*

**If Minor (under 18 years of age), provide following information**

Parent or Guardian Name: \_\_\_\_\_  
*Print First Name Print Last Name*

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## Waiver of Liability

I, the undersigned, intending to be legally bound, do hereby, for myself, heirs, executors and administrators, waive, release and forever discharge any claims for damages which I may incur, (which may include severe injury or death), or which may hereafter accrue to me, against the Oakland Kendo Dojo or its affiliated kendo clubs or kendo dojos including, but not limited to; Alameda, Concord and Stockton, the Northern California Kendo Federation (NCKF), or the All United States Kendo Federation (AUSKF), along with their members and agents, for all or any damages which may be sustained or suffered in connection with my participation in activities related to Oakland Kendo Dojo or its affiliated kendo clubs or kendo dojos, or arising out of transportation to and from the sites for activities. Where the participant is a minor, I the parent or guardian agree to these conditions for the minor and further authorize the members of Oakland Kendo Dojo or authorities of the other related groups noted above to seek emergency medical attention for the minor if required in the event of sickness or injury.

Member name: \_\_\_\_\_  
*Print First Name Print Last Name*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent Legal Guardian must sign for a member under 18 years of age.)*

*Do not fill in below this line*

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First Practice Date \_\_\_\_\_ Initial Dues: \_\_\_\_\_

Email confirmation: \_\_\_\_\_ AUSKF Registration: \_\_\_\_\_