2016

GEORGIA KENDO ASSOCIATION

BEGINNER CLASS REGISTRATION

Name: _____ _____, Kanji Name_____
First Name Last Name

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

e-Mail : (**Please Print Clearly**) _____

Gender: ( ) Male, ( ) Female, Age: _____ Date of Birth: _____/ _____/ _____
Month Day Year

1. Emergency Contact:
   Name/Relationship: _____ Phone: _____
2. Do you have any physical or health problem(s) that may prevent you from performing strenuous exercise? Yes ( ), No ( )
   If yes, describe: _____
3. Do you have any experience in Kendo or any other martial arts? Yes ( ), No ( )
   If yes, describe: _____
   Length of time and highest rank obtained: _____

WAIVER: I hereby agree that Georgia Kendo Association, (GKA) that all exercise and activities are undertaken at my own risk and shall hold harmless from any and all injuries, losses, liabilities, costs, expenses, damages to any person or property, calms or judgments (including but not limited to reasonable attorneys fees and curt costs) sustained during any and all GKA activities and where the applicant is a minor, I the parent or guardian, do hereby agree to the above waiver give permission to the applicant.

CONSENT: I hereby agree that Georgia Kendo Association (GKA) may use my GKA related pictures to post Social Network Services (SNS, ex. GKA Facebook) and GKA website. If you do not consent this, please notify GKA administrative-team.

_____ Date: _____
Applicants Signature

_____ Date: _____
Parent/ Guardian's Signature (for minor applicant)

_____ Date: _____
Approval of Head Instructor