2015

GEORGIA KENDO ASSOCIATION

MEMBERSHIP APPLICATION

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.

ACKNOWLEDGEMENT: I agree to pay the GKA annual membership fee at the beginning of each year or at the time of applying the membership. I acknowledge that the granting and renewal of the membership is at the sole discretion of the head instructor of GKA. I accept conditions set forth at the "Policy and Procedure" by signing and submitting this application.

_____ Date: _____
Applicants Signature

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

_____ Date: _____
Approval of Head Instructor