

# SHORINJIRYU KENSOKUKAI KARATEDO

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## MEMBERSHIP APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

In case of Emergency, please contact

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

### WAIVER

I hereby accept all risk of personal injury as a member of the Kensokukai Dojo. I will obey the rules and regulations at all times. I understand that the training at most times will be intense. I hereby assume full responsibility for any and all damages, losses, or injuries that I may sustain while attending or participating. I further release the instructors, employees, and representatives, individually and collectively, of claims and liability arising from any injuries that I may sustain, while training.

Signature: \_\_\_\_\_ Guardian/Parent: \_\_\_\_\_

Date: \_\_\_\_\_

**SHORINJIRYU KARATEDO  
KENSOKUKAI DOJO  
New York City, USA**