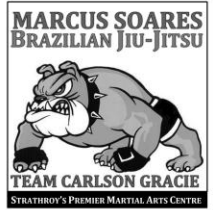




SHOGEN-RYU KARATE-DO INTERNATIONAL LIMITED – S.K.I.L.

OKINAWAN SHOGEN RYU KARATE-DO YAMANE KISHABA RYU BOJITSU
34 FRONT ST. W. STRATHROY ON. CAN. N7G 1X4
www.the-dojowix.com/strathroy

MARCUS SOARES BRAZILIAN JIU-JITSU
519-205-1933
thedojostrathroy@gmail.com



APPLICATION FOR MEMBERSHIP

PLEASE PRINT CLEARLY

NAME: _____ DATE OF BIRTH: _____
AGE: _____ PARENTS NAMES: (IF UNDER 18) (M) _____ (F) _____
HOME (H) _____ PHONE (W) _____ OTHER: _____
STREET: _____ CITY/TOWN _____ PROV. _____
POSTAL CODE _____ E-MAIL: _____
OCCUPATION/SCHOOL (IF OVER 18): _____ GRADE: _____

FOR OFFICE USE ONLY – THE SAFETY AND EDUCATION OF ALL THE STUDENTS' ARE FIRST PRIORITY OF THIS INDIVIDUAL/GROUP ORGANIZATION.

1. I HEARD ABOUT THIS ORGANIZATION FROM _____
2. HAVE YOU EVER TRAINED IN ANY MARTIAL ART IN THE PAST? YES ___ NO ___

IF YES, EXPLAIN ON A SECOND SHEET AND PLEASE INCLUDE B & W COPIES OF RANKING CERTIFICATES.

3. ARE YOU IN GOOD PHYSICAL/MENTAL CONDITION? YES ___ NO ___
4. HAS YOUR PHYSICAL/MENTAL CONDITION BEEN GOOD IN THE PAST? YES ___ NO ___
5. ARE YOU ABLE TO ENGAGE IN PHYSICAL/MENTAL STRENUOUS ACTIVITY? YES ___ NO ___
6. HAVE YOU EVER SUFFERED FROM ANY SERIOUS PHYSICAL/MENTAL ILLNESSES IN THE PAST? YES ___ NO ___
7. HAVE YOU SUFFERED FROM ANY KIND OF JOINT PAIN, ARTHRITIS, OR BACK PROBLEMS? YES ___ NO ___

IF YES, PLEASE EXPLAIN: _____

8. CAN YOU BE BONDED, (IF OVER 18 – WORKING WITH/OR AROUND CHILDREN)? YES ___ NO ___
9. I GIVE PERMISSION FOR MY OR MY SON/DAUGHTER'S PICTURES STILL/MOVING TO BE TAKEN DURING CLASSES AND USED BY THE DOJO FOR PROMOTIONAL MATERIAL YES ___ NO ___ INITIALS _____

RELEASE/ WAIVER FORM

I hereby certify that I am in good physical health, or that I have my Doctor's permission to engage in all aspects of martial arts training within this Individual/Group Organization. In consideration of my being accepted in this Individual/Group Organization, I hereby for myself, my executors, my heirs, forever & always agree to release & hold harmless this group & all of their Officers, Event Directors, guests, volunteers, workers, members, event employees, any owners of the buildings or areas where these classes are conducted, & anyone else, for any liability or injury and/or death, that I may sustain by the way of traveling to & from, participating in, or other direct or indirect involvement in the Individual/Group Organization. I also received & understand the rules of conduct & agree that I will be ejected from the Individual/Group Organization without refund, in the event I do anything unbecoming as a martial artist as seen by the Head Individual/Group Organization(s) Committee

ALSO SEE SPECIAL NOTE OF AGREEMENT

SIGNED _____ DATE _____

(PARENT OR GUARDIAN MUST SIGN IF UNDER THE AGE OF 18)

Special Note of Agreement I understand & have signed that teaching or organizing a group to participate with or without permission or compensation may undermine the Canadian Director(s), the Sho Chidu dojo Canadian Headquarters, the International Shogen Ryu Karate-Do Kyokai (Association) & could lead to legal actions. Initial: _____

Registration Use Only: Date Started: _____ Agreement Start Date: _____ Staff Initials: _____

"the dojo", This name is a reference name only. Thank you for your interested in the S.K.I.L. dojo

