



Covina Kendo Dojo Registration Information

Year: _____ New Renewal AUSKF ID #: _____

Last Name: _____ First Name: _____

(Kanji: _____)

Date of Birth: _____ Gender: Male Female

Rank: _____ Height: _____ Weight: _____ Start date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Health Insurance Co.: _____ Policy or Group #: _____

If above is a minor, please fill out the following information for the parent or guardian.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

In case of an emergency, please notify:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____



COVINA KENDO DOJO ANNUAL RELEASE OF LIABILITY FORM

I am aware that Kendo is a hazardous activity. I am voluntarily participating in or having my minor child participate in these events with knowledge of the danger involved, and hereby agrees to accept any and all risks of injury or death, and verify this statement by signing below.

As consideration for being permitted by the center or one of its affiliated organizations to participate in these activities and use their facilities, I hereby agree on behalf of myself, my minor child, assignees, heirs, guardians, and legal representatives that I will not make a claim against, sue, or attach the property of the center or any of its affiliated organizations for death, injury to person or damage to property resulting from the negligence or other acts, howsoever causes, by any employee, agent, or contractor of the center or any of its affiliated organizations as a result of any participation or that of my minor child in the activities described hereby release the center and any of its affiliated organizations from all actions, claims, or demands that I, my minor child, assignees, heirs, guardians, and legal representatives now have or may hereafter have for death, injury, or damage resulting from participation in the activities described herein.

As consideration for being permitted to participate in the activities of the Covina Kendo Dojo, I hereby agree on behalf of myself, my minor child, assignees, heirs, guardians, and legal representatives that I will not make a claim against, sue or attach the property of the dojo or any of this affiliated organizations, including but not limited to Southern California Kendo Federation and the All United States Kendo Federation for death, injury to person or damage to property resulting from the negligence or other acts, howsoever causes, by any employee, agent, or contractor of the dojo or any of its affiliated organizations as a result of any participation or that of my minor child in the activities described hereby release the dojo and any of its affiliated organizations from all actions, claims or demands that I, my minor child, assignees, heirs, guardians, and legal representatives now have or may hereafter have for death, injury, or damage resulting from participation in the activities described herein.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the center, dojo, and its affiliated organizations and signed it of my own free will.

Executed at West Covina, Los Angeles County, California on this ____ day of _____, _____.

Participant's Name: _____

Participant's Signature: _____
Or Parent's Or Guardian's If Minor

Witness' Name: _____

Witness' Signature: _____



Covina Kendo Dojo

I have read and understand all the preceding information on membership fees, Dojo fee, equipment, Toban duties, fundraising, and agree with everything written.

Member's Name

Member's Signature

If you are under 18 years old

Parent or Guardian's Name

Parent or Guardian's Signature

Date

* Please sign and return to the treasurer or secretary.