

SHO TOKYO KENDO DOJO

2031 EMERY AVE., LA HABRA, CA 90631 – MONDAY/WEDNESDAY 6:30PM-8:30PM
249 S LOS ANGELES ST., LOS ANGELES, CA 90012 – FRIDAY 6:30PM-8:30PM

APPLICATION TO PARTICIPATE

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

DATE OF BIRTH: _____

GENDER (Circle One): MALE FEMALE PREFER NOT TO SAY

NAME OF PARENT AND/OR GUARDIAN (IF UNDER 18 YEARS OLD)

PARENT: _____

GUARDIAN: _____

EMERGENCY CONTACT:

NAME: _____

PHONE: _____

AGREEMENT AND RELEASE FROM LIABILITY (SHO TOKYO KENDO DOJO)

- Voluntary Participation.** I, [name] _____, acknowledge that I have voluntarily applied, or have voluntarily allowed my child [child's name (if any)] _____ to apply, to participate in kendo instruction and training at a Sho Tokyo Kendo Dojo.
- Assumption of Risk.** I am aware that participation in Kendo, as in any sport or physical activity, may cause physical injury, damage to property, and, in rare instances, even death. I am voluntarily participating or allowing my child to participate in this activity with knowledge of the danger involved, hereby agree to accept any and all risks of injury, damage, and/or death, and verify this statement by placing my initials here _____.
- Release.** As consideration for being permitted by Sho Tokyo Kendo Dojo to participate in these activities and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attack the property of Sho Tokyo Kendo Dojo on account of injury, damage, or death resulting from the negligence or other acts, however caused, by any employee, agent, or contractor of Sho Tokyo Kendo Dojo as a result of my, or my child's, participation in kendo. I hereby release Sho Tokyo Kendo Dojo from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury, damage or death resulting from my, or my child's, participation in kendo.
- Knowing and Voluntary Execution.** I have carefully read this release and fully understand its contents. I am aware that this is a release of liability and a contract between Sho Tokyo Kendo Dojo and me and sign it of my own free will.

Executed on [date] _____ at [city] _____, [state] _____.

Signature of participant or, if participant is a minor, signature of participant's parent or guardian

Print name

2022 FEES (Must be paid after 30-day free trial period):	SCKF (Annual)	AUSKF (Annual)	Initiation fee
17 Years & under as of 04/15/22	\$14/Year	\$30/Year	\$10 (One-time)
18 Years & over & full-time student as of 04/15/22	\$26/Year	\$30/Year	\$10 (One-time)
18 Years & over, not full-time student as of 04/15/22	\$26/Year	\$60/Year	\$10 (One-time)

2022 Sho Tokyo Kendo Dojo Fees (Must be paid after 30-day free trial period):

1st Member \$30/Month, \$20/Month for each additional family member

PREFERRED METHOD OF PAYMENT IS ZELLE® via our email SHOTOKYOKENDO@GMAIL.COM
YOU MAY ALSO PAY VIA CHECK, PAYABLE TO: SHO TOKYO KENDO DOJO