



TATSU DO YUDANSHAKAI

APPLICATION FOR LIFETIME MEMBERSHIP

(Please Print. Use Blue or Black Only).

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE & ZIP CODE _____

PHONE:(_____) _____ AGE _____ DATE OF BIRTH _____

SEX: M / F MARRIED / SINGLE (Circle one)

OCCUPATION: _____ e-mail: _____

Please read and sign where indicated, parent or guardian signature required if under 21 years of age.

I, _____, hereby make application for training in this Martial Arts Organization, and upon acceptance I sincerely pledge to obey all club rules and regulations, which are set up for the purpose of keeping order and for the protection of Pupils from injury. I recognize that a risk is involved in the study of Martial Arts, which requires my strict adherence to these rules and instructors' discipline.

In consideration of my acceptance into this club, I hereby for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against this Martial Arts Organization, instructors, employees, agents, members and authorized guests.

In consideration of the acceptance of the above named applicant into this Martial Arts Organization, and recognizing that a risk is involved in the practice of the Martial Arts, I, the undersigned parent or guardian: hereby agree to save, indemnify, and keep harmless this Martial Arts Organization, its instructors, employees, agents, members and authorized guests, against all liability claims, judgments or demands from damages arising from accidents or injuries of the above applicant.

PLEASE NOTE HERE ANY PHYSICAL LIMITATIONS YOU MAY HAVE. (eyeglasses, bad back, etc.) In some cases, a doctor's excuse may be required prior to starting.

All fees are non-refundable in all cases (including expulsion of a student).

APPLICANT _____

PARENT OR GUARDIAN _____

INSTRUCTOR _____

ART _____ **DATE BEGAN** _____