Mountain View Kendo Dojo Registration Form

Student Name: First _____ Last _____

Present Kendo Rank: _____ AUSKF ID# (if applicable): _____

Date of Birth: ____ / ____ / _____ E-Mail: _____

Address:

_____

City:_____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

If student is a minor (17 years or younger) please complete the following

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Circle all that apply

Any Physical Handicaps? Yes/NO If Yes, Explain: _____

High Blood Pressure? Yes/NO If Yes, Explain: _____

Heart Disease? Yes/NO If Yes, Explain: _____

Lung Disease? Yes/NO If Yes, Explain: _____

Asthma? Yes/NO If Yes, Explain: _____

Other? Yes/NO If Yes, Explain: _____

If Yes to any above, your family physician: _____

Physician Phone: _____

Emergency contact:

Name: _____ Phone: _____

Relationship to student: _____

Dojo Fees

Dues

1. Dojo fees are $35 per month, collected at the beginning of the month. **For 2022 only the annual dues are $210 per member.**
2. New members are required to pay three month dojo fees ($105) at registration.
3. NCKF and AUSKF membership fees are not included, please ask the instructors f
4. Please write checks payable to “MV Kendo” or “Mountain View Kendo Dojo”.

Policy

1. MV Kendo is a non-profit dojo and the fees are used to pay rent for practice space at the dojo locations.
2. Dojo fees do not include cost of equipment and tournament and testing fees.
3. NCKF and AUSKF membership fees are mandatory for all dojo members. Membership allows you to test, participate in tournaments, and practice at other affiliated dojos.
4. If you anticipate a break from practice, please inform dojo officials in advance so that you are not charged for missed months.
5. Advance payment is permitted.
6. MV Kendo dojo members are required to participate in two annual fundraising events.

Waiver Form

For and in consideration of my participation in Kendo training and all other activities of the Mountain View Kendo Dojo, I, for myself, my executors, administrators and assignees do hereby release and agree not to sue the Mountain View Kendo Dojo, its officers, instructors and administrators; fellow participants; the Northern California Kendo Federation (NCKF) and the United States Kendo Federation (AUSKF); other third party organizations including but not limited to sponsors and those allowing the use of their premises for Mountain View Kendo Dojo activities, jointly and/or severally, and save and hold them harmless from and against any and all actions, claims, liabilities, loss, damage, expense of whatever nature, including attorney fees, which may at any time be incurred by reason of my participation in Mountain View Kendo Dojo sponsored activities. I verify that I have full knowledge of the risks involved in training in Kendo including the potential for injury and/or accidental death due to overexertion or equipment failure. I understand that Kendo is a rigorous physical activity and I attest that I am physically fit.

_____

Printed name of Participant

_____

Signature of Participant Date

_____

Parents Signature (if under 18) Date