

# AIKIDO HIRYUKAN

Membership # \_\_\_\_\_

## MEMBERSHIP APPLICATION AND RELEASE FORM

APPLICANT'S NAME (Please Print): \_\_\_\_\_  
(Surname) (Given Names)

ADDRESS: \_\_\_\_\_  
(Number) (Street) (City) (Province) (Postal Code)

TEL: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_  
(Year/Month/Day)

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ HOBBIES: \_\_\_\_\_

HAVE YOU HAD ANY PREVIOUS TRAINING IN AIKIDO, JUDO, KARATE, ETC.? YES / NO

If so, where? \_\_\_\_\_ When? \_\_\_\_\_

Grade attained? \_\_\_\_\_ Instructor's Name? \_\_\_\_\_

FROM WHAT SOURCE DID YOU LEARN OF THE HIRYUKAN? \_\_\_\_\_

I hereby apply for membership at the **Hiryukan** (known henceforth as the "Dojo"), and upon acceptance, I agree to observe all the rules and regulations (copies of which are available) established for maintaining order and protecting the members from injury and to respect the discipline of the instructors.

### RELEASE

In consideration of accepting my application for membership, I hereby release and forever discharge the Hiryukan, and its instructors, officers, members and authorized guests from any and all actions, causes of actions, claims and demands for damages, loss or injury, however arising, which may hereafter be sustained by me in consequence of my membership in the Dojo. In addition, I agree that neither the Dojo nor any of its members shall be responsible for any loss or theft of my personal possessions while using the Dojo's premises.

Dated: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_  
*at Barrie, Ontario*

Signature of Witness: \_\_\_\_\_

### IF APPLICANT IS UNDER 18 YEARS OF AGE, PLEASE FILL IN BELOW

I hereby consent to the above applicant's application and in consideration of acceptance of same, I hereby agree to indemnify and save harmless the Hiryukan, its officers, instructors, members and authorized guests of and from any liability of any nature or kind whatsoever arising out of or in any way connected with any claims or demands made by or on behalf of the applicant.

Dated: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_  
*at Barrie, Ontario*

MEDICAL INFORMATION: Please indicate on the reverse any information that might be necessary in an emergency, e.g. heart problems, drug allergy, etc.

Hiryukan Dojo accepts this application:

Per: \_\_\_\_\_ Dated: \_\_\_\_\_  
*Instructor at Barrie, Ontario*