

SPOKANE KENDO CLUB REGISTRATION FORM



NAME				BIRTH DATE / /	AGE
AVAILABLE TRAINING TIMES:					
<input type="checkbox"/> MON 6:00-7:00 PM - BEGIN. KENDO		<input type="checkbox"/> WED 6:00-7:00 PM - BEGIN. KENDO		<input type="checkbox"/> SAT 10:00-11:00 AM - BEGIN. KENDO	
<input type="checkbox"/> MON 5:00-6:00 PM – IAIDO		<input type="checkbox"/> WED 5:00-6:00 PM - KIDS KENDO		<input type="checkbox"/> SAT 9:00-10:00 AM – KIDS KENDO	
STREET ADDRESS					
CITY, STATE, ZIP					
HOME PHONE	WORK PHONE	CELL PHONE	FAX #	EMAIL ADDRESS	
HOW DID YOU HEAR ABOUT SPOKANE KENDO CLUB?					
OCCUPATION					
PREVIOUS EXPERIENCE IN KENDO					
PREVIOUS EXPERIENCE IN OTHER MARTIAL ARTS					
HOBBIES AND INTERESTS					
<p>LIABILITY RELEASE AND INDEMNITY AGREEMENT: I agree to release, indemnify, and hold Spokane Kendo Club, its agents, officers and employees and instructors harmless from any and all liability claims, actions, judgments, damages or injuries of every kind and nature whatsoever to the participant and / or his property arising from participation in activities for which the participant is registering.</p> <p>I further acknowledge that I have familiarized myself with the description of the activities of Spokane Kendo Club, I understand that Kendo is a full contact activity and understand the hazards and the participant's personal limitations and knowingly assume all risks.</p> <p>I acknowledge I have read and understand this Liability Release and Indemnity Agreement.</p>					
<p>_____</p> <p>Participant's name (please print)</p>					
<p>_____</p> <p>Participant's signature</p>				<p>_____</p> <p>Date</p>	
<p>_____</p> <p>Name of responsible adult (please print)</p>					
<p>_____</p>					