

# Membership Application

I fully understand and agree with the rules and guidance of Kenshinkai, and would join as a member of your organization. All the risk of accident is on my responsibility.

Date Y 202      M      D

Name		印	DOB	Y 202	M	D
Parent		印	Relationship	*If under 18		
Address	〒 -					
Phone	-	-	Email	@		
School / Work						

I hereby promise to take a full responsibility on behalf of my child.

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Exp	Y( ) N( )	If Yes	What Style of Karate?			
Dan / Kyu if any		Length		Color		
Any others?	Judo / Kendo / Aikido / Kenpo / any ( )					

## <Permit of Media Usage>

We use members' picture, movie and/or various media materials for the purpose of exposure on FB, Instagram, TV, CM, Movie, Magazines, etc. Would you agree to use?

Member	Y( ) N( )	Parent	Y( ) N( )	印
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\*We use initials instead of the name for the reason of privacy protection policy. However, sometimes TV or Magazines may request to use the name instead with your authorization.

## <Health Condition>

Do you have any illness?	Y( ) N( )	
If so, anything you may want to declare?		

Anything you may want to give us the health notification in order for us to keep caution to the member? If so, please describe it. We control this as a classified information.

拳信会用:

Gender    M / F

Number    SIAJ -