



North American San Shin Kai

Membership Application and Student Profile

Name _____ Date of birth _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____

Mobile phone/pager _____ Email _____

Occupation/job title _____

Dojo affiliation _____

Dojo address _____

Instructor _____

Do you have prior Iaido experience? If so, please indicate style, rank and duration of study.

Do you have other martial arts experience? If so, please indicate style, rank and duration of study.

Do you have any physical, emotional or mental disabilities that may limit your ability to do Iaido? If so, please describe in detail.

Emergency contact _____

Contact phone _____ Relationship _____

Do not write inside this box. For official use only.

Date of registration _____ Membership Registration # _____

Rank/date tested

Shodan _____ Sandan _____

Nidan _____ Yondon _____

North American San Shin Kai
PO Box 2083, Amherst MA 01004-2083
www.sanshinkai.org



North American San Shin Kai

Release of Liability

For and in consideration of the permission of the North American San Shin Kai to use its facilities and of the execution of others of agreements similar hereto, the undersigned hereby agrees that while on the premises of the North American San Shin Kai or while using any of its facilities or equipment where at the dojo or at any other location for the purpose of practice or demonstration, said premises, facilities, and equipment shall be occupied and the undersigned hereby releases the North American San Shin Kai from any and all claims of personal injury, damage or loss of any kind or description, including death, resulting from being thereon or from such use or from the acts of any persons thereon.

The undersigned further agrees to indemnify and hold harmless the North American San Shin Kai and each of its instructors, officers, landlord and students from any and all claims for personal injury, damage or loss of any kind or description, including death, made or instituted against it or any of them, arising out of the acts of the undersigned while upon the premises of the North American San Shin Kai or while using any of its facilities and equipment whether at the dojo or at any other location for the purpose of practice or of demonstration, including injury or loss to the undersigned however caused, and injury or loss caused by the undersigned to any other person.

In witness wherefore, I have here into set my hand and seal this _____ day of _____ in the year _____,

Signed _____

Printed name _____

Students under the age of 18

I herein agree to the above terms on behalf of the student. I agree to indemnify the North American San Shin Kai and each of its instructors, officers, landlord and students from any and all claims for personal injury, damage or loss of any kind or description, including death, sustained by them concerning the student.

Signed _____ date _____

Printed name _____

Student name _____

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