



North American San Shin Kai

Iaido Summer Camp Registration

Name _____ Date of birth _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____

Mobile phone/pager _____ Email _____

Dojo affiliation _____

Dojo address _____

Instructor _____

Camp date and location _____

Emergency contact _____

Contact phone _____ Relationship _____

Primary Care Physician _____ Phone _____

Release of Liability

The student and undersigned recognizes the fact that there is a certain element of risk in the activities which he/she will perform at the North American San Shin Kai Iaido Summer Camp, and knowing this, hereby assumes all risk. Further, the student hereby releases, dismisses and forever discharges any instructor or affiliate of North American San Shin Kai from any liability for injuries, illness, damages or physical defects which may result from the student engaging in this Camp. The student hereby agrees to refrain from instituting, pressing, or in any way aiding any claim, demand of action or cause of action for damages, costs, loss of service, expenses or compensation for or on account of any such injuries, illness, damages or physical defects.

Applicant's Signature _____ Date _____

If applicant is under age 18:

Parent or Guardian Signature _____ Date _____

North American San Shin Kai

PO Box 2083, Amherst MA 01004-2083

www.sanshinkai.org