

修道館武道会

Shudokan Martial Arts Association

SHUDOKAN MARTIAL ARTS ASSOCIATION MEMBERSHIP APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

NAME _____

DATE OF BIRTH _____

STREET ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY _____

TELEPHONE _____

E-MAIL ADDRESS _____

EDUCATION RECEIVED _____

RANK APPLYING FOR (IF ANY) _____

RECOMMENDED BY _____

DIVISION CHOICE: [] Traditional Karate [] Iaido
[] Traditional Jujutsu [] Goshin-jutsu
[] Judo [] Aikido

I hereby certify that the above information is true and accurate. Further, I do hereby, for myself, my heirs, executors and administrators, waive release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against the Shudokan Martial Arts Association, or their respective officers, agents, representatives, successors and/or assigns, for any and all damages which may be sustained and suffered by me in connection with my association with or entry in the martial arts activities associated with the Shudokan Martial Arts Association. In addition, by my signature, I certify I understand that submission of a completed application and the appropriate fee does not guarantee the awarding of requested rank and/or teaching title, or any rank and/or teaching title.

SIGNATURE _____ DATE _____
(PARENT OR LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE)

Traditional Karate
Division Director

Iaido
Division Director

Traditional Jujutsu
Division Director

Goshin-jutsu
Division Director

Judo
Division Director

Aikido
Division Director