



# North American San Shin Kai

## Membership Application/Profile

Date \_\_\_\_\_ Membership # \_\_\_\_\_ **Circle one: NEW RENEWAL**

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Training Start Date \_\_\_\_\_ Current Rank \_\_\_\_\_

Dojo Name \_\_\_\_\_

Dojo Address \_\_\_\_\_

Dojo City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Instructor(s) \_\_\_\_\_ Check if **you** are a dojo leader: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Contact Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Health Issues** – Temporary or permanent that could be affected by strenuous physical training. Always check with your doctor before beginning a course of rigorous activity. ***This item may not be left blank.*** If you have no health problems, write “NONE”.

Annual Dues: \$50 per year.

If paying for multiple years, please indicate specific years in memo. Please make checks payable to: “**San Shin Kai**”

Mail to: **North American San Shin Kai**  
**P.O. Box 132**  
**Boylston, MA 01505-0132**



# 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 \_\_\_\_\_

**North American San Shin Kai**

**P.O. Box 132, Boylston MA 01505-0132**

**[www.sanshinkai.org](http://www.sanshinkai.org)**