



North American San Shin Kai

Membership Application/Profile

Date _____ Membership # _____

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, no group checks.*

Please make checks payable to: “**San Shin Kai**”

Mail to: **North American San Shin Kai**

P.O. Box 2083

Amherst, MA 01002-2083



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
PO Box 2083, Amherst MA 01004-2083
www.sanshinkai.org