



Shotokan Hampshire Dojo
 Hampshire College @ Amherst, Massachusetts
 Samuel Kanner, Sandan
 samuel.kanner@gmail.com
 914. 450. 9793.

New Membership Registration

Date _____

First Name _____ MI _____ Last Name _____

Address _____

Home City _____ State _____ ZIP _____

Home Phone () _____ Cell Phone () _____

Email _____

Date of Birth _____ Occupation _____

Previous Martial Arts Experience: (?)

Name of Art _____

Years of Practice _____

Rank _____

Emergency Contact _____

Contact Phone () _____ Relationship _____

Health Information:

Health Insurance Provider _____

Policy Number _____ Phone () _____

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”.

Membership Type:

Check if *Hampshire Intro. Class* student

- Hampshire College/5-College Student (with proper student ID) - \$40 per semester
- Shotokan Hampshire Dojo Member (with proof of Health Insurance) - \$60 per semester



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Release of Liability

For and in consideration of the permission of Shotokan Karate of America INC. 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 Shotokan Hampshire Dojo, an affiliate of Shotokan Karate of America INC., or while using any of its facilities or equipment where at the dojo or at any other Shotokan Karate of American INC. location for the purpose of practice or demonstration, said premises, facilities and equipment shall be occupied and the undersigned hereby releases the Shotokan Hampshire Dojo, an affiliate of Shotokan Karate of America INC., from any and all claims of personal injury, damage or loss of any kind of description, including death, resulting from thereon or from such use or from the acts of any persons thereon.

The undersigned further agrees to indemnify, forever discharge and hold harmless Shotokan Karate of America INC., the Shotokan Hampshire Dojo, and each of its instructors, officers, landlord and students from any and all claims of 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 Shotokan Hampshire Dojo, or any of its affiliates, facilities and equipment whether at the dojo or at any other Shotokan Karate of America INC. 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 20_____, (calendar day) (calendar month)

Signed _____

Printed Name _____

Witness Sign & Print _____

Students under the age of 18

I herein agree to the above terms on behalf of the student. I agree to indemnify Shotokan Karate of America INC., Shotokan Hampshire Dojo 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 participant.

Signed _____ Date ____/____/20____

Printed Name _____

Student Name _____