

**GEORGE ALEXANDER'S
WORLD BUDOKAN MARTIAL ARTS**



ISKKF, ISJF, OHKA, IBKF
Application for Membership Form

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Male _____ Female _____ Age _____

List any and all grades you currently hold:

Rank/Grade Style Instructor's Name & Address

Note: Copies of certification must be attached.
(Brown and Black Belts Only)
General Release Statement

Medical Statement: I understand that the practice of the Martial Arts are strenuous physical activities. I have no medical condition that would prevent me from practicing this Martial Art or engaging in a physical fitness class or activity.

I, the above identified person, hereby make application for membership in those arts sponsored by Yamazato/Budokan Martial Arts Training Academy, Inc. All statements above are true and correct to the best of my knowledge. Upon acceptance, I sincerely pledge to obey all rules and regulations, which have been designed for the purpose of discipline and protection of myself and other students from injury. I recognize that a degree of risk is involved in the practice of any Martial Art and that the Martial Arts are combative in nature.

I hereby fully and unquestionably release the Yamazato Martial Arts Training Academy/Budokan dojo, Inc., International Shorin Ryu Karate Kobudo Federation, The school or Dojo/ Martial Arts class, Training Seminars live or digital, my instructor(s), employees, agents, heirs and assignees, members, and authorized guests from any and all claims for any and all injuries, accidents, losses, and / or death I may receive or sustain while learning or practicing Martial Arts sponsored or instructed by the Budokan Dojo, George Alexander and Fitness One, Inc. It is further agreed that Yamazato Martial Arts Training Academy, Inc., Fitness One, Inc. and Budokan Dojo reserves the right to revoke and terminate my membership solely at its own election at any time and that all sales are final and there are no refunds.

STUDENT'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____
(Must be signed if student is under 18 yrs. of age)