



MISSISSAUGA KENDO CLUB

REGISTRATION & WAIVER



Treasurer: Dale Cheong
Secretary: David Hayashida
Beginner Class Coordinator: Tim Samios

Instructors:
 Shigeo Kimura (7th Dan)
 Yukio Glen Yamada (5th Dan)
 Andreas Draesner (4th Dan)
 Gerald Audette (3rd Dan Asst. Instructor)

E-Mail: info@mississauga-kendo-club.ca

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone (H): _____ Telephone (C): _____

E-Mail: _____

Date Of Birth: _____ Sex (**M / F**)

Have you done kendo before? (**Y / N**)
 If so, when and where did you start? _____

If you have attained a rank, please indicate rank and date achieved: _____

Please list any past surgery, major injuries, illnesses, conditions or any other physical or mental limitations (please describe and input the approximate dates they happened):

Emergency Contact: _____

Relationship: _____

Telephone (Emergency): _____

WAIVER

I, the undersigned, hereby acknowledge that participation in Kendo requires vigorous exercise and full physical contact, and as such involves some risk of injury or even loss of life. I certify that I will follow the instructions provided by the instructors of the Mississauga Kendo Club in regard to personal safety, and I acknowledge that it is my responsibility to maintain my own Kendo equipment or any Kendo equipment loaned or rented to me by the Mississauga Kendo Club in a safe condition so as to prevent injuries to myself and others. I acknowledge that it is my own responsibility to ensure I am in such physical condition as to not present any undue health or injury risk to myself or others while taking part in Kendo. I hereby accept the risks and dangers of participation in Kendo regardless of the nature of the injury or injuries I may receive and regardless of the manner in which they occur.

The above being fully acknowledged, I hereby release the Mississauga Kendo Club and its affiliates, their officers, instructors, members, and agents as well as the University of Toronto at Mississauga, their officers, instructors, members, and agents from any and all claims, damages and expenses upon my death, bodily or mental injury, or loss or damage to my property or that property entrusted to my care, that takes place as a result of my participation in Kendo.

In case of injury, should I be unable to respond, a Club representative has my permission to provide immediate medical assistance and to determine if further medical assistance and/or transportation for medical treatment is required. I understand and agree that I am responsible for any associated costs for this action.

X _____
 Club Member's Signature

Date: _____

X _____
 Parent or Legal Guardian's Signature
 (if Member is under the age of majority)

Date: _____