GEORGIA KENDO ALLIANCE, INC.

CLASS REGISTRATION FORM

Last Name:_____ First Name :_____

Address:_____

City:_____ State: _____ Zip Code:_____

Home Phone:_____ Work Phone: _____

e-Mail Address: _____

Sex: ( ) Male ( ) Female Date of Birth: _____/_____/_____
month day year

1. Emergency Contact Information:

Name: _____ Phone:_____

2. Do you have any physical or health problems that may prevent you form performing strenuous exercise? Yes ( ) No ( )

If Yes, describe:_____

_____

3. Please describe the reasons why you are interested in Kendo:

_____

_____

_____

WAIVER: I hereby agree that all Georgia Kendo Alliance, Inc. (GKA) exercises, workouts and activities are undertaken at my own risk and that I shall hold GKA harmless from any and all injuries, losses, liabilities, costs, expenses, damages to any person or property, claims or judgments (including but not limited to reasonable attorneys fees and court costs) sustained during any and all GKA activities and where the applicant is a minor, I the parent or guardian, do hereby agree to the above waiver and give permission to the applicant.

_____ _____
Applicant's Signature Parent / Guardian's Signature

Date:_____ Date:_____