

Wakaba Kendo Club Membership Application

PLEASE USE
BLOCK CAPITAL LETTERS

FIRST Name / 名(漢字)

FAMILY Name / 姓(漢字)

Date of Birth / / Age

Address

Postcode

Guardian's contact detail required if applicant is under 18 years old

Telephone: Landline Mobile

E-mail

I would like to receive information about Wakaba practices by Email. yes

Any Medical Problems? / 健康状態

It is important for you and your child's safety that any medical conditions be listed below.

PHOTO

You MUST attach applicant photo here, otherwise this form will not be accepted.

I have registered with the BKA yes
BKA number

If not, please let us know once you register.

Membership Agreement 誓約書

Over 18 years old

I have read the explanatory summary, outlining the responsibilities of members joining Wakaba Kendo Club and I agree with the terms of the summary.

若葉剣道クラブ入会案内を読み、それに同意いたします。

Under 18 years old: parents to complete

I understand what Kendo is and hereby give permission for to attend Kendo classes at Wakaba Kendo Club and that undertake he/she will follow the instructions of the club instructor or his delegated instructor/s.

私は剣道について理解し、上記の者が若葉剣道クラブの練習に参加する事を認め、指導者・その代理人の指導を守る必要が有る事を了解します。

I agree to take part in photographic imaging that may be published on the club's website or used to promote kendo in other ways.

剣道普及促進の目的で、若葉剣道クラブのウェブサイトや他の媒体に写真を使用することに同意致します。

Date / /

Name of applicant/parent/guardian

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Signature of applicant/parent/guardian