

Evergreen Kendo Club

Membership Application

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Mobile Phone _____

Email _____

By your signature on this EVERGREEN KENDO CLUB application you indicate your agreement to abide by all club Rules of Conduct, written or unwritten, to the best of your ability and knowledge, and furthermore, to hold EVERGREEN KENDO CLUB and its officers, instructors and members harmless from any all claims that may spring from anu injury sustained while training at the club.

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*If you are under the age of 18, a parent or legal guardian must sign this form.

Print name _____

Signature _____

Date _____

長青館