



## Kilohana Martial Arts Association Membership Application

Date: \_\_\_\_\_

Please check one:     New Member     Renewal     Special Event

Please check one:     Individual Adult     Individual Youth     Affiliated School

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Sex: M / F Phone(s) \_\_\_\_\_

E-mail address \_\_\_\_\_ School affiliation \_\_\_\_\_

Instructor \_\_\_\_\_ Your current rank and style \_\_\_\_\_

Affiliated School membership fees are determined by Kilohana. Annual dues for individuals not affiliated with a Kilohana school - \$25 (ages 15 and under - Individual Youth) \$40 (ages 16 and above – Individual Adult). Membership is from July 1 through June 30. Special Event membership fees are determined by the school head or event host. All rates are current as of 2016 and are due annually on June 1<sup>st</sup>.

### Waiver

I acknowledge and fully understand that Jujitsu, and other Martial Arts, are a physical contact event and that I will be engaging in activities that might result in serious injury, including permanent disability and death and severe social and economic loss due to my own actions, negligence of others, or conditions of the premises or any other equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.

I am entering the practice of Jujitsu, and other Martial Arts, entirely on my own free will and understand the importance of following all directions given me by the instructors. I assume all risks involved and accept personal responsibility for injuries that may occur.

I/We the parent(s) or legal guardian(s) of this minor participant have instructed, or will instruct, the minor participating to the above warning and conditions and their ramifications and I/We additionally confirm and agree to all of the above statements, conditions, waivers, and releases, and consent to this minor's participation.

**I/We have read, and understand the above waiver and are voluntarily signing it.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian of minor

\_\_\_\_\_  
Date

Mail completed form to: Kilohana Martial Arts Association  
103 International Blvd. Oakland, CA 94606, (510) 452-3941