

Date:  /  /

## BUTOKUDEN APPLICATION FORM

### APPLICANT INFORMATION

Kendo  Karate  Aikido  Kyudo  Jodo  Jiu-Jitsu  Fitness ( )  Other ( )

Name: (Last) _____ (First) _____		Occupation: _____
Date of birth: _____	Email: _____	Driver's License: _____
Home address: _____		
City: _____	State: _____	ZIP Code: _____
Home Phone: _____	Cellular: _____	Work: _____
How did you hear from us? <input type="checkbox"/> Website / <input type="checkbox"/> Internet / <input type="checkbox"/> News paper / <input type="checkbox"/> Flyer / <input type="checkbox"/> Friend (Who? _____)		
Billing Info (Same as above <input type="checkbox"/> ): (Last) _____ (First) _____		
Address: _____	City: _____	State: _____ ZIP Code: _____

### PHYSICAL INFORMATION

Health Insurance Carrier: _____		Policy #: _____
Doctor's Name: _____	Phone #: _____	Physical Condition: _____
Emergency Contact: _____	Phone #: _____	Relationship: _____
Martial Arts Experience: _____ Year / Month	Type: _____	Rank: _____ Date obtained: _____
Any physical condition we should be aware of? _____		

### LIABILITY WAIVER AND RELEASE

I, undersigned, do hereby voluntarily submit my application for admission to BUTOKUDEN Martial Arts Training Center for attendance and participation in lessons, activities and group classes at 17346 Eastman St., Irvine CA 92614.  
 Hereby I assume full responsibility for any and all damages, injuries or losses that I may sustain or incur, if any while attending or participating. I waive all claims for or against instructors, or fellow students of said class, or the owner of the school, or the school, or e-bogu.com, Inc., or the owner of the building for any injuries that I may sustain. I do hereby consent that any pictures furnished by me or any pictures taken of me in connection with said school can be used for publicity or promotion. And, I waive compensation in regard thereto. I certify that the above information is correct and accurate to the best of my knowledge. I also will sign an agreement called "RELEASE FROM LIABILITY, WAIVER OF ALL CLAIMS AND INDEMNITY AGREEMENT" before being admitted to the BUTOKUDEN Martial Arts Training Center.

### SIGNATURES

Signature: _____	Name: _____	Date: _____
Signature of parent or legal guardian: _____	Name: _____	Date: _____

### OFFICE USE

Admitted Date: _____		Approved by: _____	
Received copy of: <input type="checkbox"/> Drivers License <input type="checkbox"/> Insurance Policy <input type="checkbox"/> Release Waiver			
Payment method: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Amex <input type="checkbox"/> Other			
Credit Card number: _____		Exp: _____ / _____	
Program:	<input type="checkbox"/> Kendo	<input type="checkbox"/> Kyudo	<input type="checkbox"/> Karate
	<input type="checkbox"/> Jujitsu	<input type="checkbox"/> Aikido	<input type="checkbox"/> Jo
	<input type="checkbox"/> Fitness	<input type="checkbox"/> Ikebana	<input type="checkbox"/> Other ( )
Comments	Registration	\$40.00	
	Monthly Fee		
	Federation Fee		
	Equipment		
	Others		
	Sub Total		
	Total		