

Date:

| | | |
|--|--|--|
| | | |
|--|--|--|

BUTOKUDEN APPLICATION FORM**APPLICANT INFORMATION**

| | | | |
|--|--------|-----------|-------------------|
| <input type="checkbox"/> Kendo <input type="checkbox"/> Karate <input type="checkbox"/> Aikido <input type="checkbox"/> Jodo <input type="checkbox"/> Jiu-Jitsu <input type="checkbox"/> Fitness <input type="checkbox"/> Other () | | | |
| Student Name: (Last) | | (First) | Occupation: |
| Date of birth: | | Email: | |
| Home address: | | | |
| City: | State: | ZIP Code: | Driver's License: |
| Home Phone: | | Cellular: | Work: |
| Parent/Guardian (if Under 18): (Last) | | (First) | Occupation: |
| How did you hear from us? <input type="checkbox"/> Website / <input type="checkbox"/> Google / <input type="checkbox"/> Yahoo / <input type="checkbox"/> News paper / <input type="checkbox"/> Flyer / <input type="checkbox"/> Friend (Who?) | | | |

BILLING INFORMATION

| | | | |
|--|-------|---------|-----------|
| 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 1581 Browning, Irvine, CA 92606. 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. DBA BUTOKUDEN Martial Arts Training Center, or the owner of the building for any claims 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

WARNING - BY SIGNING THIS AGREEMENT, YOU ARE WAIVING ALL RIGHT TO SUE E-BOGU.COM, INC. DBA "THE BUTOKUDEN MARTIAL ARTS TRAINING CENTER" (hereinafter "BUTOKUDEN"), ITS OWNERS, DIRECTORS, OFFICERS, INSTRUCTORS, VOLUNTEERS, COACHES, MEMBERS, AGENTS, AFFILIATES, GUESTS AND/OR ANY RELATED PARTY THERETO (COLLECTIVELY AND INDIVIDUALLY "RELEASEES") FOR DAMAGES THAT YOU AND YOUR CHILD MAY SUFFER WHILE YOUR CHILD IS A STUDENT AT BUTOKUDEN. NOTE THAT THIS RELEASES ALL CLAIMS AGAINST THE RELEASEES WHICH MAY RESULT EVEN FROM THEIR OWN NEGLIGENCE

| | | |
|--|-------|-------|
| 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"/> Karate | <input type="checkbox"/> Jiu-jitsu | <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 | |