



SOUTHSIDE DOJO LTD

MEMBERSHIP FORM

8534 Portage Rd. • Portage, MI 49002 • www.SouthsideDojo.com • (269) 385-0111

Date: _____

Name: _____
Last First Middle

Parent or Guardian's names if applicable: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Occupation: _____

Email Address: _____

Home Address: _____

Age: _____ Date of Birth: _____ Height: _____ Weight: _____ Gi/Obi Size: _____

Sex: _____ Marital Status: _____

I am interested in the following classes(Check all that apply):

- Judo
- Aikido
- MMA
- Karate
- Kobudo
- Tai-Chi
- Yoga
- Jujitsu

Do you have any physical or mental handicaps? Is your health impaired in any way?

If yes, please explain:

In case of emergency notify:

Name	Relationship to you	Contact information

Waiver of liability

I hereby submit my application for membership in Southside Dojo LTD. In consideration of the acceptance of my said application, I do hereby waive, release and forever discharge on behalf of myself, my heirs, my executors, my administrators, and my assigns any and all claims, rights or causes of action whatsoever for any damages or injuries whatsoever which I may now have or which might arise hereafter against any person or entity in any way connected with Southside Dojo LTD, which shall include but not be limited to: Southside Dojo LTD and any instructors, assistants and fellow student practitioners associated therewith as a result of my participation in said Dojo. I hereby state that I have read this "Waiver of Liability" in its entirety and that I fully understand the meaning thereof. Furthermore, I understand that I will not be allowed to participate at Southside Dojo LTD unless I have signed and executed this "Waiver of Liability."

Applicant Signature Date

Parent or Guardian's Signature Date