



## Application

APPLICANT: First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
PARENT (if applicant is a Minor): \_\_\_\_\_  
MAIL: Street or P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: M F RANK: No Yes: \_\_\_\_\_  
HEALTH CONCERNS: No Yes: \_\_\_\_\_

### Mailing Address:

SALINAS KENDO  
c/o BUDDHIST TEMPLE  
14 CALIFORNIA STREET  
SALINAS, CA 93901

### **MONTHLY DUES**

**\$25** Youth Rate (under 18 years old or college student)  
**\$30** Adult Rate (18 years and older, not in college)  
**\$45** Family Rate (two or more members in same family)

### **ANNUAL FEE** **(AUSKF + NCKF)**

**\$70** Youth (under 18)  
**\$80** Full-Time College Student (18+)  
**\$110** Adult (except College Student)

### Dojo Locations:

14 CALIFORNIA STREET  
SALINAS, CALIFORNIA

600 CAMINO EL ESTERO  
MONTEREY, CALIFORNIA

### ***AUSKF Initiation Fee:***

**\$50** (one-time fee only for new AUSKF members)

### ***Iaido option (annual):***

**\$35** NCIA registration (must be an NCKF member)

### **SHINAI (new)**

**\$30** (we also loan used shinai at no charge)

***Salinas Kendo Club is a 501(c)(3) non-profit group (Tax ID: 94-2185631)***

### Phone:

(831) 596-2038  
(831) 917-2600

### Website:

[www.salinaskendo.org](http://www.salinaskendo.org)

### Kendo Sensei:

JIMMY EITOKU  
7 Dan

YUJI ONITSUKA  
7-Dan

SHINJI ONITSUKA  
7-Dan

HITOSHI TANABE  
5-Dan

EDDIE HURT  
4-Dan

### Iaido Sensei:

CYNTHIA TANABE  
6-Dan

## Agreement and Release of Liability

**1. Voluntary Participation:** I, the undersigned, acknowledge this application for myself, or for my child, to voluntarily participate in kendo and iaido in the Salinas Kendo Club.

**2. Assumption of Risk:** I am furthermore aware that participation in kendo and/or iaido, as in any sporting activity, may pose risk of physical injury, property damage or, in extremely rare instances, even death. I fully acknowledge the exposure to these potential risks when participating in Salinas Kendo Club activities, and I do hereby agree, or agree for my child, to accept any and all risks of injury, damage and/or death.

**3. Release:** In consideration for permission from the Salinas Kendo Club to participate in kendo and iaido activities, I hereby agree that I, my assignees, heirs, distributees, guardians and legal representatives shall not make a claim against, sue or attack the property, assets or persons of the Salinas Kendo Club, the Northern California Kendo Federation, the All United States Kendo Federation, the Salinas Buddhist Temple and the YMCA of the Monterey Peninsula on account of injury, damage or death resulting from the negligence or other acts, however caused, by any employee, agent or contractor of these groups. I hereby, for myself, my assignees, heirs, distributees, guardians and legal representatives, do waive, release and forever discharge any claims for damages I now have or may hereafter have for injury, damage or death resulting from my participation, or my child's participation, in kendo and its related activities, including transportation.

**4. Knowing and Voluntary Execution:** I have carefully read this entire document and understand its contents, and are aware this is a binding contract and release of liability between myself and the Salinas Kendo Club, et. al. I hereby sign it of my own free will.

Name: \_\_\_\_\_ Parent of Minor: \_\_\_\_\_  
(Print Participant's name) (Print Parent name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Applicant is a Minor, then Parent shall sign)

**5. Declaration of Witness.** I certify that the above person has read, acknowledged and fully understands the meaning and consequences of this Agreement and Release.

Salinas Kendo Club

Signature: \_\_\_\_\_