

Certificate of Enrollment and Membership

American International Ki Development and Philosophical Society

Roy Y. Suenaka Soke, Kaiso, Founder and President

Name (please print):		Date:	E-mail address:		
Current street address:		City:	State:	Zip code:	Phone:
Permanent street address:		City:	State:	Zip code:	Phone:
Employer/school:	Address:	City:	State:	Zip code:	Phone:
Date of birth:		Sex:	Height:	Weight:	Introduced to AIKDPS by:
Previous martial arts experience (please include art, style, dojo & rank):					
Previous sports experience:					
Please describe any current or past physical problems:					
<i>I certify that I do not have any condition that would make me a danger to others in the class.</i>					
Signature:			Date:		

The American International Ki Development and Philosophical Society is an independent non-profit organization.

I agree to abide by the Standards of Conduct, Rules, Constitution and By-Laws of the American International Ki Development and Philosophical Society. I agree to join the AIKDPS within 30 days of this date. I understand that the AIKDPS membership fee is \$35.⁰⁰, and yearly membership dues are \$35.⁰⁰.

Signature of Enrollee: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

(Must be signed by a parent or legal guardian if enrollee is under 18 years of age – may be waived if enrollee is married or military.)

GENERAL RELEASE STATEMENT

IN CONSIDERATION of receiving instruction in the martial arts, and the art and science of ki development, I hereby make application for membership and training in Suenaka-ha Tetsugaku-ho Wadokai Aikido, and/or Matsumura Seito and Hakutsuru Shorin-ryu Karatedo. All statements cited above are true and correct to the best of my knowledge. Upon acceptance I sincerely pledge to obey all rules and regulations. I am fully aware of the possibilities of bodily injury, including death, that I may sustain during, or as a result of, attending or participating in such activities. I hereby fully and unquestionably, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages or losses I may now receive or in the past, or in the future have against the American International Ki Development and Philosophical Society, its executors, assigns, legal representatives, or members of a class or organizations owned, conducted or operated by any member of the American International Ki Development and Philosophical Society.

Signature of Enrollee: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

(Must be signed by a parent or legal guardian if enrollee is under 18 years of age – may be waived if enrollee is married or military.)

FOR OFFICIAL USE ONLY – PLEASE DO NOT WRITE IN THE SPACE(S) BELOW

Date Fees Received:	ID/Membership no. assigned:	Diploma/Certificate Issued:
Reviewed and verified by:	Signature of AIKDPS President:	