



Auckland Kendo Club

Introductory Form:

(Please print your answers clearly and remember to sign the form at the end)

Full Name:	
Known as:	
Current Address:	
Phone No (Hm)	(Mob)
E- Mail Address:	
Work No:	Occupation:
Nationality:	Native Language:
Next of kin or emergency contact person-	
Name	Phone No:

Where did you hear about the Auckland Kendo Club? (Please circle)	
Yellow Pages	Yes No
Friends	Yes No
Radio	Yes No
Referred from another club	Yes No
Other	
Do you have any health problems that it would be appropriate for the instructors to know about?	
Do you wear a "Medic – Alert Bracelet? Yes No	

I, the undersigned, understand that the above information is collected solely for the purposes of the Auckland Kendo Club and will not be used or distributed in any fashion other than for Auckland Kendo Club records by the Club Yudanshakai.

I further understand that the Auckland Kendo Club accepts no responsibility for the loss or damage of personally owned Kendo / Iaido / Jodo equipment or of other personal items brought into the Dojo.

I further understand that the Auckland Kendo Club accepts no responsibility for injury sustained during training sessions in the Dojo and that it is my responsibility to ensure that my equipment, whether club or personally owned, is of a safe standard for use during training sessions in the Dojo.

Signed: _____ Date: _____