

APPLICATION FOR MEMBERSHIP Print this application and mail to WMKF HDQS!

NAME: (Last) _____ (First) _____ (MI) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____

TELEPHONE: (Home) _____ (Fax) _____

DATE OF BIRTH: _____ AGE: _____ WEIGHT: _____ HEIGHT: _____

EDUCATIONAL BACKGROUND OR PRESENT GRADE: _____

PRESENT OCCUPATION: _____

ANY PHYSICAL PROBLEMS: _____

If "yes", please describe:

WHY DO YOU STUDY THE MARTIAL ARTS?

I hereby make application for membership in the above mentioned organization, and upon acceptance, I sincerely pledge to obey all rules and regulations which are set up for the purpose of keeping the order of the federation and for the protection of students from injury. I recognize that a risk is involved in this art, thus requiring my adherence to these rules and regulations and to the Instructor's discipline.

I further affirm that I am in good health and I am aware that all activities including but not limited to physical training, sparring, and all other activities inherent to participation in the martial arts are entirely voluntary. I am aware that I can elect not to take part in any activity which I feel may involve some element of risk or discomfort to me.

Accordingly, I accept all conditions of membership incorporated in this application, instructional manuals as well as other oral or written directives given by the Master Instructor, instructors, or higher ranking students. I agree to hold harmless and indemnify the organization and/or affiliated associations and all instructors and members and authorized guests from liability for damages for any injuries, including but not limited to death and disability arising from any of the activities of the organization. I also understand that any treatment for injuries that I may sustain will be of a first aid type only, given with my permission, and I fully understand that the provider may not be a trained medical person.

Applicant's Signature ----- Today's Date

FOR MINORS ONLY:

As parent or guardian of the above named applicant, I request that the applicant be accepted and agree to hold harmless and indemnify the organization, Master Instructor, Instructors, members and authorized guests, of and from all claims made by or on behalf of the applicant, in consideration of accepting him/her for entrance in this above named organization.

Parent or guardian (if applicant is under 18 years of age) ----- Today's Date

APPROVED BY: _____

MEMBERSHIP FEE: ~~\$15.00 US\$~~ for Color Belt, ~~\$17.00 US\$~~ for Black Belt!

Prof. Derman B. Hodge, Sr. P.O.BOX 13202 Florence, SC, 29504-3202 USA Phone: (843) 661-7906