



## OREGON KI SOCIETY Child Membership Application Form

Please print clearly:

Name \_\_\_\_\_ Date joined \_\_\_\_\_  
FIRST MIDDLE LAST

Address \_\_\_\_\_  
NO. STREET APT./ROUTE CITY STATE ZIP CODE

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_ E-mail \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medications currently being taken: \_\_\_\_\_

Please list any past serious illness or injuries: \_\_\_\_\_

How did you hear about the Ki Society? \_\_\_\_\_

### ARTICLES OF RELEASE FROM LIABILITY AND ASSUMPTION OF RISK

- 1) I, the undersigned parent or guardian, certify that my child, \_\_\_\_\_, is in good health and has no physical defects which would endanger my child's health in participation and practice of Shin Shin Toitsu Aikido and/or Ki Training and/or Kiatsu.
- 2) I hereby release and discharge the Oregon Ki Society, Northwest Ki Federation, Ki Society HQ, its instructors and representatives from any liability whatsoever, resulting from or in any manner arising out of my child's participation in training or any other activities including but not limited to transportation connected therewith and I acknowledge that I assume the risk of harm and/or injury in said participation in signing this waiver.
- 3) I understand that training Kiatsu (registered trademark) is part of Ki Training. Use of Kiatsu is limited to enhancing my personal health and that of my family. Practicing Kiatsu professionally or for compensation is prohibited.
- 4) I represent and covenant that at the time of signing this release and application, I am legally competent to execute it and that before signing it, I have fully informed myself of its contents and execute it with full knowledge thereof.
- 5) I agree to pay all dues a month in advance, and I understand that dues are not refundable in any situation including but not limited to expulsion. Membership is activated when the student is actively training.

Signed \_\_\_\_\_  
(PARENT OR GUARDIAN)

Date \_\_\_\_\_