

Ichido Dojo Application Form

Personal details

Surname: _____

First Name: _____

Date of Birth: _____

Age: _____

Physical address: _____

Postal address: _____

Occupation: _____

Contact Details:

Telephone Home: _____

Telephone Office: _____

Telefax: _____

Mobile: _____

Email: _____

In case of emergency:

Contact person: _____

Contact number: _____

Relationship: _____

1. I warrant that I have acquainted myself with the Constitution of the dojo as well as the Constitution of the SAKF and agree to be bound by its terms.
2. I agree to behave in a manner that promotes the name of Kendo and Iaido to the public at large and will not bring my dojo into disrepute.

If I do, I agree to be bound by the disciplinary rules set out in the Constitution and/or the SAKF Rules and Regulations.

3. I agree to inform my sensei/sempeis should I be unable to attend practice for whatever reason.
4. I understand that the attendance required of me is **80%** and that it is in the discretion of the dojo President to remove me from the dojo list and/or refuse my application for grading should I not make the required attendance at classes.
5. I warrant that I am physically fit and able to train and know of no reason why I cannot do so.

Name: _____

Signature: _____

Date: _____