



SAINT LOUIS KI AIKIDO NEW STUDENT REGISTRATION

FOREST PARK

PLEASE PRINT CLEARLY

FENTON

First Name:

Last Name

Street Address:

City:

State:

Zipcode:

Date Of Birth:

Email Address:

Occupation

Gender:

Phone:

CHECK PROGRAM

KIDS AIKIDO

ADULT AIKIDO

DYNAMIC MEDITATION

PLEASE READ AND SIGN THE FOLLOWING RELEASE

I hereby apply for instruction in Shin-Shin Toitsu Aikido and/or Dynamic Meditation (Shinshin Toitsu Do), with the St. Louis Ki Society (DBA Saint Louis Ki Aikido hereinafter "SLKS"). I understand that I must study and fully comply with all oral and written safety and procedural rules and regulations, in effect at SLKS and all places where SLKS activities take place, and obey the instructions of any one teaching on behalf of SLKS in charge of the class or activity that I attend.

I hereby knowingly and voluntarily assume full responsibility and waive any and all claims against SLKS, its officers, directors, instructors, and members, individually or otherwise, for any and all claims, injuries, or losses I might sustain while attending or participating in SLKS classes or activities; and I also knowingly and voluntarily indemnify and hold harmless SLKS, its officers, directors, instructors, and members, individually or otherwise, for any and all claims, injuries, or losses to me or others that occur while attending or participating in SLKS classes or activities, brought about on my behalf by others, or against me by others.

Signature Of Applicant

Date

If under 18 years of age, this release and consent must be signed by a parent or legal guardian of Application. Parent or guardian hereby agrees to indemnify and hold harmless SLKS, its officers, directors, and instructors from liability claims made by injured parties, including but not limited to parents or guardians and participating children while attending or participating in SLKS classes or activities.

Signature Of Parent Or Guardian

Date

Type Or Print Of Parent Or Guardian

Please tell us what things helped you find this school and decide to train here.

Check All That Apply

Facebook

Print Ad

Website / Online Search

Where?

Another Student

Friend Or Acquaintance

Poster/Flyer

Other

Where?

Please tell us briefly about the purposes and objectives for your study and training. Use the checklist below and/or write in the space after the checklist.

Stress Management

Social Activity / Fun

Mental Calmness

Self Defence

Physical Relaxation

Awareness Training

Physical Fitness

Movement Training

Write additional comments or information below

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PHOTO RELEASE FORM

I grant permission to St. Louis Ki Aikido and its agents or employees, to use photographs taken of me or my minor child/children in classes or events of St. Louis Ki Aikido for use in publications such as brochures, newsletters, and magazines, and to use the photographs on display boards, and to use such photographs in electronic versions of same publications or on St. Louis Ki Aikido websites or other electronic form of media, and to offer them for use or distribution in other non-company publications, electronic or otherwise, without notifying me.

.....
Signature Of Child's Parent Or Guardian Or Adult Participant

FOR OFFICE USE ONLY (WE'LL FILL THIS PART OUT)

DATE OF FIRST CLASS: **FIRST PAYMENT TRANSACTION #**

TYPE OF CLASS: **Free Intro** **Intro Course** **Full Enrollment** **Other**