



# Koshi Shorei Shin Kai

# Member Dojo Application

(Please print neatly)

App Date \_\_\_\_\_ for keiko year\* \_\_\_\_\_ Kan Cho's Birth Date \_\_\_\_\_ Age \_\_\_\_\_

\* Dojo enrolling before October 1st will be enrolled for the current keiko year. Dojo enrolling after October 1st will get the rest of that year free and the entire next keiko year as well for one year's fee. Renewals are due annually by October 1<sup>st</sup>. Student-Members are not eligible for rank for a minimum of two months after initial enrollment.

Kan Cho's Name(s) \_\_\_\_\_ Dojo & Cell Phone #s: \_\_\_\_\_

E-mail addr \_\_\_\_\_ Prefix requested for  
*OldPineTree.com* e-mail: \_\_\_\_\_

Home Address \_\_\_\_\_ Emergency phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

KSSK Dojo Name \_\_\_\_\_ Dojo Size \_\_\_\_\_ Fee Enclosed \$ \_\_\_\_\_

KSSK Dojo Address \_\_\_\_\_

Why are you interested in studying Koshi Shorei Ryu with KSSK? (use back if necessary)

\_\_\_\_\_

\_\_\_\_\_

List martial arts experience: Please list art, style, and number of years studied: (use back if necessary)

\_\_\_\_\_

\_\_\_\_\_

Do you have any health or medical problems that would in any way affect full participation in the study of Koshi Shorei Ryu? (circle one)

No

Yes If yes, please describe (use back if necessary) \_\_\_\_\_

I understand that Koshi Shorei Shin Kai is an organization that is dedicated to the study of all eight of the Arts of Koshi Shorei Ryu. I understand that these arts are Energy Cultivation, Healing Arts, Koshi Shorei Yoga, Escaping Arts, Philosophy, Folding Arts, Meditation, and War Arts. I agree that I will put forth my best effort to train and teach diligently in each of the eight arts, face my ego at every opportunity, and represent Koshi Shorei Shin Kai with Propriety, Wisdom, and Integrity as long as I am a member of Koshi Shorei Shin Kai and wear the Sho Chiku Bai Mon. I also understand that in order to qualify for rank or teaching licenses granted by Koshi Shorei Shin Kai, I must be a member in good standing for at least **one year**, and that all such certification must come directly from Koshi Shorei Shin Kai Hombu Dojo, and be sealed by the Kai Cho in order to be valid.

**Koshi Shorei Shin Kai reserves the right to suspend any student or Dojo for inappropriate behavior.**

I hereby waive all rights to hold Koshi Shorei Shin Kai, David LoPriore, or his staff responsible for the loss of personal property or injuries I/my child might incur as a result of participation in Koshi Shorei Shin Kai classes, seminars, and special events.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature is required)

Kai Cho Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*Application is not valid without payment of fees in full for current the keiko year, and Kai Cho's signature of acceptance.