



Kosho Shorei Shin Kai

Membership Application

(Please print neatly)

App Date _____ for keiko year* _____ Student's Birth Date _____ Age _____

* Students enrolling before October 1st will be enrolled for the current keiko year. Students enrolling after October 1st get the rest of that year free and the entire next keiko year as well for one year's fee. Members are not eligible for rank for a minimum of two months after initial enrollment.

Student Name(s) _____ Phone Number(s) _____

E-mail addr _____ Parents' Names (if for child under 18) _____

Address _____ Emergency phone # _____

City _____ State _____ Zip _____

Dojo Name _____ Kan Cho _____

Dojo Address _____

Why are you/your child interested in studying Kosho Shorei Ryu? _____

If you/your child have previous martial arts experience, please list art, style, and number of years studied: _____

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

No

Yes If yes, please describe _____

I understand that Kosho Shorei Shin Kai is an organization that is dedicated to the study of all eight of the Arts of Kosho Shorei Ryu. I understand that these arts are Energy Cultivation, Healing Arts, Kosho Shorei Yoga, Escaping Arts, Philosophy, Folding Arts, Meditation, and War Arts. I agree that I will put forth my best effort to train diligently in each of the eight arts, face my ego at every opportunity, and represent Kosho Shorei Shin Kai with Propriety, Wisdom, and Integrity as long as I am a member of Kosho 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 Kosho Shorei Shin Kai, I must be a member in good standing for at least two months, and that all such certification must come directly from Kosho Shorei Shin Kai Hombu Dojo, and be sealed by the Kai Cho in order to be valid.

Kosho Shorei Shin Kai reserves the right to suspend any student for inappropriate behavior.

I hereby waive all rights to hold Kosho Shorei Shin Kai, David LoPriore, my instructor listed above under Kan Cho, or his/her staff responsible for the loss of personal property or injuries I/my child might incur as a result of participation in Kosho Shorei Shin Kai classes and special events.

Signature _____ Date _____
 (Signature is required. Parent or Guardian signature required if student is under 18)

Kan Cho Signature _____ Date _____