

**SAINT LOUIS KI SOCIETY
NEW STUDENT, MEMBER or PARTICIPANT REGISTRATION**

| | | | |
|----------------|--|---------------|----------------------------------|
| FIRST NAME | | LAST NAME | |
| STREET ADDRESS | | | |
| CITY | | STATE | ZIP CODE |
| DATE OF BIRTH | | EMAIL ADDRESS | |
| OCCUPATION | | GENDER | MALE FEMALE |
| HOME PHONE | | WORK PHONE | |

PROGRAM

CHILDREN (5-9) AIKIDO

YOUTH (10-13) AIKIDO

ADULT AIKIDO

SAFE & SOUND

TRANQUILITY IN MOTION

JAPANESE YOGA

RELAX & RENEW

REGISTRATION TYPE: Free Introductory Class Introductory Course Regular Startup Other

PLEASE READ AND SIGN THE FOLLOWING RELEASE

I hereby apply for instruction in Shinshin Toitsu Aikido, Dynamic Meditation (Ki Development), Tranquility In Motion, Relax & Renew, and/or Safe & Sound, with the St. Louis Ki Society (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.

If submitting electronically please sign before first class.

Signature of Applicant

Date

If under 18 years of age, this release and consent must be signed by a parent or legal guardian of Applicant.

Signature of Parent or Guardian

Date

Names of parents or guardians

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

Yellow Pages

Print Ad

Web Page

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.

Stress management

Social activity / fun

Mental calmness

Self defense

Physical relaxation

Awareness training

Physical fitness

Movement training

Write any additional comments or information below.

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

DATE OF FIRST CLASS _____

FIRST PAYMENT TRANSACTION # _____