



## Application for Membership

*(Please print clearly)*

Purpose of Form		
Applying for New Membership <input type="checkbox"/>	Modifying Personal Information <input type="checkbox"/>	Terminating Membership <input type="checkbox"/>

If modifying personal information please only fill out for the section requiring modification. If a name change is required please indicate both old name and new name.

<b>Regional Federation</b>		
<b>Name</b>	<b>Current Age</b>	<b>Birthdate (mm/dd/yy)</b>
<b>Address</b>		
<b>Home Telephone/Mobile</b>		
<b>Email</b>		
<b>Dojo or Club Name</b>		
<b>Instructor</b>		
<b>Applicant Signature (If under 18 guardian signature required)</b>	<b>Date</b>	
<b>Regional Federation President Signature</b>	<b>Date</b>	

USNF Annual Membership Dues	
Adults (over age 18)	\$45
Minors (under age 18)	\$20
Associate Members	\$20

### Liability Waiver

I, \_\_\_\_\_, the undersigned Member or as parent or guardian of the named Member, give my consent for myself or my son/daughter to participate in Martial Arts Classes, Seminars, Tournaments (including sparring in armor) or Demonstrations as a Member of the United States Naginata Federation, Inc. I understand that Martial Arts including Naginata involve physical activity and sparring involves physical contact from which injuries may occur. I waive any claims for negligence, physical injury and/or damages against the United States Naginata Federation, Inc. and its affiliated organizations the East Coast Naginata Federation, the Greater New York Naginata Federation, the Pacific Northwest Naginata Federation, the Rocky Mountain Naginata Federation, Inc., the Southern California Naginata Federation, and the Northern California Naginata Federation, and any school, University, organization, or facility from which these organizations rent practice facilities, and hereby assume the risk for any illness or injury by the Member during the practice of Naginata. In case of medical emergency, I understand that every effort will be made to contact my family or me. In the event I cannot be reached, I understand that the participant will be treated at the closest health services facility available, and I hereby authorize emergency treatment for any injury to myself or to my child. To the best of my knowledge, I am or my son/daughter is in good health. I understand that in the event that I, or my son/daughter does not comply with any dojo rules, I/he/she may be immediately asked to leave the class.

I understand that I am expected to follow certain rules of the dojo in which I practice. I further understand and agree that the failure to follow those rules may result in my being asked to leave practice or the club or organization.

Date: \_\_\_\_\_

\_\_\_\_\_  
Member's Name (Please Print)

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
If under 18, Parent or Guardian's Name (please print)

\_\_\_\_\_  
Parent or Guardian's Signature