



Etobicoke Olympium  
Kendo / Iaido Club

**ETOBICOKE OLYMPIUM KENDO/IAIDO CLUB**  
**590 RATHBURN ROAD, ETOBICOKE, ONTARIO, M9C 3T3**

(A not-for-profit organization, run by volunteers)

Please complete the following information and return application with payment.  
(Information will be only used for purposes of Kendo/Iaido activities by the Club and the  
Canadian Kendo Federation).

**1. Personal Data:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_ Home Phone#: \_\_\_\_\_  
Date of birth (or age): \_\_\_\_\_ Status: \_\_\_\_\_  
Membership (check one): Beginner: \_\_\_\_\_ Junior: \_\_\_\_\_ Advanced: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_  
(Include Phone#): \_\_\_\_\_  
Email: \_\_\_\_\_

**2. Kendo/Iaido History:**

Previous experience (check one): Yes \_\_\_\_\_ No \_\_\_\_\_  
If you have practiced before, tell us where and when:  
\_\_\_\_\_  
\_\_\_\_\_  
Ranking: \_\_\_\_\_ Other martial arts: \_\_\_\_\_

**3. Medical History:**

List any past surgery, major injuries, illnesses, or any health problems (please describe  
and input the approximate dates they happened):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Are you presently under medication? (Check one): Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered **yes**, explain for what health conditions: \_\_\_\_\_  
\_\_\_\_\_

**4. Release Form. Kindly read carefully.**

I hereby agree, by my signature below, that the Etobicoke Kendo/Iaido Club c/o  
Etobicoke Olympium of the City of Toronto, and all its directors, managers, and any  
other personnel belonging to the Etobicoke Kendo/Iaido Club or the Etobicoke  
Olympium of the City of Toronto shall not be responsible for any loss, theft, illness,  
including death, accident or injury sustained by me through admitting me to  
membership, by prescribing practice and training and allowing me the use of the  
facilities.

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

Parent's signature if under 18 years of age: \_\_\_\_\_