

Thank you for your interest in pursuing the study of kendo with Austin Kendo Doshikai (“AKD”).

AKD practices are currently limited to Sundays and Wednesdays, only. If you are a student or affiliated with the University of Texas, additional practices are available on campus. Please let me know your phone number, age, practice history and rank (if you have practiced before).

Before you move on to any further registration steps with AKD, SWKIF, and AUSKF (see below), it is important that you observe a practice (see Step 1) and then contact me afterwards if you have serious interest. We can set up a follow-up conversation so that you fully understand the steps thereafter.

Sincerely,

Matthew Korrodi
Dojo Representative
Austin Kendo Doshikai
info@austinkendo.org
318-801-5389 (mobile)

STEP 1: OBSERVE A KENDO PRACTICE:

AKD is led by Tetsuo Komizu, Kendo kyoshi 7-Dan, who has been studying kendo for over 50 years and teaching kendo in Texas for over 35 years.

To get started, it is best to observe a Sunday practice from 3pm to 4pm (the best viewing time as we will be done with all the preliminary warm-ups by 3pm). While doing so, please remember to maintain proper dojo etiquette. Bow when stepping in and out of the dojo room, turn off your cell phone and remain quiet during practice. Please let us know which Sunday practice you will observe so we can expect to see you.

Austin Kendo Doshikai

Sunday - 1:45pm to 4:00pm

Wednesday - 8:30pm to 10:00pm

at PURE Yoga Texas | North Austin

2525 W. Anderson Lane, Ste 320

Austin, TX 78757

<https://www.google.com/maps/place/PURE+Yoga+Texas+%7C+North+Austin/@30.3569252,-97.7376431,17z/data=!3m2!4b1!5s0x8644cbaf5b32b761:0x881f1844754860e0!4m5!3m4!1s0x8644cba0a8735507:0x1a49265a4358a10c!8m2!3d30.3569206!4d-97.7354544>

STEP 2: AUSTIN KENDO DOSHIKAI (AKD) MEMBERSHIP DUES:

Once your SWKIF and AUSKF dues are paid, please forward your registration confirmation to info@austinkendo.org so that we can officially register you for the Austin Kendo Doshikai (AKD).

AKD Membership Dues are made via PAYPAL account info@austinkendo.org

Our dues are as follows:

- Adults 21+: \$200 for 6-months (SAVE \$40)
- Youth up to 20: \$100 for 6-months (SAVE \$20)

STEP 3: REGIONAL AND NATIONAL FEDERATION DUES (SWKIF & AUSKF)

AKD and the University of Texas Kendo Association (“UTKA”) are member dojos of the Southwest Kendo and Iaido Federation (“SWKIF”) and require All United States Kendo Federation (“AUSKF”) membership for insurance purposes should you sustain an injury during practice.

If you are currently a member of an AUSKF regional federation, please indicate as such and forward your AUSKF member number. If you are not yet an AUSKF member, you will be required to join both the SWKIF and AUSKF for the new membership season (April 1, 2019 through March 31, 2020), through their website: <https://www.unitedstateskendo.com>. Be sure to select the Southwest Kendo Federation (SWKIF) and the Austin Kendo Doshikai Inc. when prompted to do so. If you are under 18, a parent/guardian will need to register.

***Annual SWKIF and AUSKF Membership Dues
for the period April 1, 2019 to March 31, 2020:***

- \$105 first year / \$90 renewal for ages 18 and over
- \$75 first year / \$60 renewal for ages 18 and over and FULL-TIME student
- \$60 first year / \$45 renewal for ages 17 and under

AUSTIN KENDO DOSHIKAI

Membership Agreement and Liability Waiver Form

1. In consideration of and as inducement to enrolling the undersigned as a student of Austin Kendo Doshikai, Inc. ("AKD"), I represent and agree as follows:
2. I am at least 18 years of age. If not, my Parent or Legal Guardian, who is at least 18 years of age, by signing below, agrees to and acknowledges all parts of this membership agreement and waiver form.
3. AKD and any facility in which it operates are in no way responsible for the safekeeping of my personal belongings while I attend class.
4. I will faithfully follow all instructions given by AKD instructors as to when, where, and how to perform and not to perform kendo exercises, it being understood that any deviation by me from such instructions shall be at my own risk.
5. I have received clearance from my medical doctor to participate in kendo, understanding that it is a strenuous form of high-intensity exercise with the possibility of injury.
6. I will not hold you, your partners, instructors, directors, officers, or employees responsible for any injuries suffered caused in whole or in part by my failure to faithfully follow instructions of yours or your instructors or by any physical impairment of mine not fully disclosed to AKD.
7. I understand and acknowledge that I am to receive instruction in kendo theory and exercises only, and I will not hold you, your partners, instructors, directors, officers, or employees to any higher standard of care than that applicable to a school of kendo theory and exercises.

STUDENT NAME

____/____/_____
DATE OF BIRTH

STUDENT EMAIL ADDRESS

(____) ____-_____
PHONE NUMBER

HOME ADDRESS

CITY/STATE/ZIP

PARENT/GUARDIAN NAME (if student <18)

(____) ____-_____
PHONE NUMBER

EMERGENCY CONTACT NAME

(____) ____-_____
PHONE NUMBER

SIGNATURE

____/____/_____
DATE

LIST ANY INJURIES OR MEDICAL CONDITIONS