

BRISTOL SHEISHINKAN AIKIDO DOJO

MEMBERSHIP AND INSURANCE LICENCE FORM

Name:

Date of Birth:

Age:

Postal Address for correspondence:

Telephone:

Mobile:

Email:

Contact Person in event of Accident / Injury
(Please state relationship: Parent, partner, etc.)

Contact Person Telephone Number(s):

DECLARATION AS TO HEALTH

Where Member is under the age of 16 years old a Parent or Guardian must complete this Form

Aikido is by its nature a physical activity and all participants must be of sound enough body to undertake the practise of it. Please detail any medical conditions (ailments such as Asthma and Epilepsy, pre-existing disabilities such as hip replacements, etc.) of ANY kind. These will not necessarily mean that you cannot train in Aikido however it is for your safety and that of your fellow students and Instructors so please BE HONEST in your replies to this section

Please DELETE as appropriate:

I have NO ailments or physical injuries / disabilities / impairments whatsoever

I have the following ailments or physical ailments/ impairments

If you have any other conditions that effect you either physically or mentally (i.e. Dyspraxia / Syndrome, etc.) please STATE HERE:

Signed:

/ /

(Member / Parent/Guardian)