

# KITSAP AIKIDO REGISTRATION FORM 9/1/2009

PLEASE PRINT INFORMATION CLEARLY.

ADULT CLASS \_\_\_\_\_ CHILD CLASS \_\_\_\_\_

Name(First): \_\_\_\_\_ (Last): \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Guardian's Name: \_\_\_\_\_

(Children 8 yrs. or younger must have a guardian remain at the dojo during class)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you hear about Kitsap Aikido? \_\_\_\_\_

Previous Aikido / Martial Arts experience: \_\_\_\_\_

What do you hope to learn and gain from practicing Aikido? \_\_\_\_\_

Kitsap Aikido is a federal 501 (c)(3) non-profit corporation dedicated to the education of Aikido.

Dues are currently \$60 per month for adults and \$30 for children (5 to 17 years old). Additional family members will each have a \$5.00 reduction in dues and an entire family may train for no more than \$100 per month.

**There is a one time adult initiation fee of \$25.00.**

**Three complimentary classes are offered to prospective members.**

**Members are expected to keep up with their dues regardless of their actual practice times.**

There are fees assessed for tests and annual United States Aikido Federation dues.  
Please inquire about these additional fees. Seminar fees are not covered by regular dues.

## Affirmation and Liability Release

*Please Read Carefully before signing.*

I have been advised and am informed that there are inherent hazards in practicing Aikido. Before enrolling, I have had the opportunity to observe Aikido classes and ask questions about the risks inherent in practicing Aikido.

I understand that Aikido is a martial art which involves physical contact, falling, stretching, tumbling, and strenuous body movement. I understand that occasional injuries occur and are a risk in taking part. I hereby personally assume all risk in connection with my Aikido practice for any harm, injury or damage that may befall me as a result of my participation, whether foreseen or unforeseen. Despite these hazards, I wish to proceed with Aikido practice.

I understand and agree that instructor Dan Delaney, Kitsap Aikido, assistant instructors, and my fellow students may not be held liable in any way for any occurrence in connection with my Aikido practice that may result in injury, death or other damages to me or my family, heirs, or assigns. In consideration of being allowed to practice Aikido at Kitsap Aikido with my instructors and fellow students, I hereby personally assume all risks in connection with my Aikido practice, for any harm, injury, or damage that may befall me while I practice Aikido, including all risks connected therewith, whether foreseen or unforeseen; and further to save and hold harmless Kitsap Aikido and all other persons associated therewith from any claim by me, or my family, estate heirs, or assigns, arising out of my enrollment and participation in Aikido practice.

I further state that I am of lawful age and legally competent to sign this affirmation and release, or that I have acquired the written consent of my parents or guardians; that I understand the terms herein are contractual and not a mere recital and that I have signed this document of my own free act. It is my intention by this instrument to exempt and release Kitsap Aikido and all persons associated therewith from all liability whatsoever for personal injury, property damage, or wrongful death caused by negligence.

**I have fully informed myself of the contents of this affirmation and release by reading it before I signed it.**

\_\_\_\_\_  
Students signatures

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Continued on reverse



*The following information will be kept confidential.  
We request this information out of concern for the welfare of our students.*

**Emergency Contacts (while in class):**

1.Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2.Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**GUARDIANS OF CHILDREN 8 YRS OR YOUNGER: PLEASE REMAIN AT THE DOJO DURING CLASS.**

Medications taking: \_\_\_\_\_

Allergies: \_\_\_\_\_

Conditions: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Do you have any injuries which will restrict your ability to engage in vigorous physical training?

Are you currently under a doctor's care? If so, please explain. \_\_\_\_\_

Is there currently unusual emotional stress or anxiety in your life? \_\_\_\_\_

Kitsap Aikido does not discriminate on the basis of race, color, national origin, and ethnic origin in its educational and admission policies, or any other activities administrated by Kitsap Aikido.

Ethnic/cultural information: Kitsap Aikido is committed to enrolling a diverse student body.  
We request (but do not require) that you answer the following question: How Would You Describe Yourself?  
[please circle all that apply]

Hispanic/Mexican American      Black/African American      Asian American/Pacific Islander

Alaska Native/Native American (tribe) \_\_\_\_\_      Caucasian

If not listed, please indicate: \_\_\_\_\_      I prefer not to answer

For Office Use

First months dues paid

Adult initiation fee paid (\$25)