

Aikilife Japanese Cultural Centre



Aikilife Dojo



Aikido Japanese

Membership Application / Participation Agreement / Waiver and Indemnity

Personal Information

Full Name: _____
Last name _____ *Given Name(s)* _____

Birth Date: _____ Gender: _____ Current Grade: _____

Address: _____

_____ *Postcode* _____

Contact details: _____
Home phone _____ *Mobile* _____
_____ *Work phone* _____ *Email* _____

EMERGENCY

Contact details: _____
Name _____ *Relationship to you* _____

_____ *Home phone* _____ *Mobile* _____

_____ *Work phone* _____ *Email* _____

Your Occupation: _____ How did you find us? _____

Which aspects of the program interest you the most? _____

Health Declaration

1. Are you prescribed drugs which may impair reaction time, judgment or pain perception? Yes No
If yes, give details: _____ *circle one*

2. Have you suffered any incapacity requiring medical attention in the past 12 months? Yes No
If yes, give details: _____ *circle one*

3. Have you any physical impairments, injuries or medical conditions that currently affect you? Yes No
If yes, give details: _____ *circle one*

4. Are you aware of any health problem that you have that, in the interests of your safety and that of other members, the Association should be advised of? Yes No
If yes, give details: _____ *circle one*

Martial Arts History

5. Have you studied martial arts before? Yes No
If yes, please state the particulars of: _____ *circle one*

_____ *Style*

_____ *Grade achieved*

_____ *Years studied*

_____ *Name of instructor*

6. Have you ever been excluded from practicing Martial Arts in the past by a medical practitioner or any other person or entity or a Martial Arts Club?

Yes	No
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circle one

If yes, give details: _____

Photographs

Photographs may be taken during training and other events. These may be used on our website, for advertising, for general display or in other communications or promotions.

Risk Warning

The practice of Aikido, like any combative art designed to maim and injure, has an element of danger and unpredictability and thereby involves the possibility of serious and permanent injury to you or another person, including but not limited to, injury to the joints of the wrists, elbows, shoulders and neck which may result in restriction of movement or partial or permanent paralysis, paraplegia, quadriplegia or even injury resulting in death.

Indemnity

In consideration of the right to participate in Aikido practice with Aikilife Japanese Cultural Centre, and mindful of the Risk Warning I have been given, I acknowledge and agree to assume all of the risks inherent in such practice and to hold the organisations and people involved; Aikilife Japanese Cultural Centre, ATARi, Aikilife Dojo, Aikido Japanese, and their instructors, servants and agents (collectively 'the Providers'), free from any and all liability, claim or demand for any injury, loss or damage (including, but not limited to my person, property and personal belongings) howsoever caused, whether by or through their negligence, And to indemnify the Providers from any claim, liability or demand for loss of property or compensation for injury that I may make, arising from my participation or in connection with the provision of instruction or related services or in any way caused by, or arising out of the activities carried on by the Providers.

Medical Waiver

I have the following illness, disability or injuries that could place me at risk during the training:

Nonwithstanding this, I agree to assume the risk of such injury/injuries being aggravated and to indemnify, the Aikilife Japanese Cultural Centre, ATARi, Aikilife Dojo and Aikido Japanese, and their instructors, servants and agents for any claim for liability with respect to this, or any other loss or injury/injuries I may sustain, no matter how caused.

I agree to carefully follow the training instructions and dojo rules for etiquette and safety at all times during my practice of Aikido, I recognize that I am not required to perform any techniques or participate in any practice that I consider to be unsafe, in which case I agree to notify the instructor immediately of my concerns.

Signature

Date

NOTE: This is an application for membership. Your membership is not confirmed until accepted by the ATARi Memberships Committee. OFFICE USE ONLY Accepted: (Yes/No) Date:

Guardian's Consent (persons under 18 years)

I hereby certify and declare that all the information contained in the declarations above is true and accurate and that I consent to the Applicant receiving instruction in and training, practicing and participating in the martial art of Aikido.

Signature

Relationship to Applicant

Address

Contact Phone number

Filename: Aikilife Membership & Indemity 2018.docx
Folder: /Users/annjohnstone/Library/Containers/com.microsoft.Word/Data/Documents
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