AIKIDO REGISTRATION FORM

UAE Aikikai Aikido – Dubai AikiKai Aikido Association

Personal Details: (Please print details CLEARLY)

First Name:_____ Last Name:_____

Date of Birth:_____

Address:_____ MALE ☐ FEMALE ☐

Emirate/Country:_____

Phone No:_____ Current Aikido Grade:_____Kyu/Dan

Email:_____

EMERGENCY Contact Person & Phone No: _____

Medical Problems (if any): _____

Disclaimer/Declaration:

I, the undersigned, understand and have considered that Aikido is a martial art that involves vigorous physical training and accept that practice and participation involves risk of permanent, serious personal injury. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my Aikido attendance. I will take all due care and agree that no liability for personal injury or other, shall attach to UAE Aikikai Aikido – Dubai AikiKai Aikido Association, or any student, instructor, member, employee, official, director, volunteer or shareholder of either. I will fully respect the rights of others, and will not discriminate based on age, race, nationality, sex, creed or kind or other aspects that may impact human dignity. I agree to be bound by the rules and regulations of the Association and Dojo and will abide by the directions of both. I also understand that if I fail to do this, I may be asked to leave. I believe I am healthy and capable of Aikido training.

Signature of Applicant:_____ Parent/Guardian's Signature:_____

Date:_____ Print Name:_____

(if applicant is under 18 years)