

Membership Form

Information given on this form will be shared and stored by Milton Keynes Aikikai, the United Kingdom Aikikai (UKA), the Joint Aikikai Council (JAC) and their insurers for the purposes of providing membership of the UKA, and your insurance through the JAC. Your personal details will be used for membership and insurance purposes only and will not be disclosed to any third party nor will they be processed for any non-Aikido related purposes.

New Member Information:

First Name: _____ Surname: _____

Date of Birth: _____

Address: _____

Postcode: _____

Tel. Number(s): _____

Email address: _____

Membership Type: Adult

Junior

Concession

Declaration:

1. I declare that the information I have provided on this form is correct to the best of my knowledge. I commit to inform the Chief Instructor of any change to this information.

Sign: _____

Print Name: _____

Date: _____

Emergency contact/Guardian:

Aikido has an excellent safety record, however it is a martial art and accidents may occur. You are under no obligation to provide an emergency contact, however doing so, may be useful.

Guardian details are required for Junior members.

First Name: _____ Surname: _____

Tel. Number: _____

Relationship: _____

Health Information:

You are under no obligation to provide information about your health, however, if we have not been informed about an allergy or medical condition which might affect your training, the safety of others, or be important to know in a first aid situation, we cannot be held liable for any adverse consequences.

Disabilities, long term health problems/medical conditions and allergies:

Declaration:

1. I declare that the information I have provided on this form is correct to the best of my knowledge. I commit to inform the Chief Instructor of any change to this information.
2. To the best of my knowledge I am both medically and physically fit to undertake physical exercise and understand that aikido training can be physically demanding.
3. I give explicit consent for the use of the information given above relating to my health for the purposes stated.
4. As Guardian of a junior member, I have explained the above details to the junior in my care.

Sign: _____

Print Name: _____

Date: _____