

Aikido Hawke's Bay Incorporated

Membership Form



ADULT MEMBER

JUNIOR MEMBER

Applicant Details

Full Name _____

Date of Birth _____

☎ Home _____ ☎ mobile _____

☎ Email address _____

Parent/Guardian Contact Details (Junior Members Only)

Parent/Guardian Name _____

☎ Home _____ ☎ mobile _____

Medical (confidential)

Do you suffer from any of the following? (Tick box for Yes)

Asthma Migraine Diabetes Allergy Existing Injury

Are there any other pre-existing medical or physical problems?

Details _____

We cannot be held liable or responsible for any person failing to disclose relevant information about their current medical condition.

Disclaimer

Martial Arts involve contact and injuries may occur, I accept that it is my responsibility to ensure that I minimise the risk of personal injury to myself and others during training.

Signature _____ Date _____