



AIKIDO AUSTRALIA MEMBERSHIP REGISTRATION

ENROLMENT APPLICATION · PARTICIPATION AGREEMENT · WAIVER AND INDEMNITY

PERSONAL DETAILS

Last Name		Given Names(s)	
Date of Birth	Sex (M / F)	Current Grade	
Home Address		Postcode	State
Phone (Mobile)	Phone (Home)	Phone (Work)	
Email		Occupation	

HEALTH DECLARATION

Are you prescribed drugs which may impair reaction time or judgement? YES NO

If yes, give details:

Have you suffered any incapacity requiring medical attention in the past 12 months? YES NO

If yes, give details:

Have you any physical impairments, injuries or medical conditions that currently affect you? YES NO

If yes, give details:

Are you aware of any health problem that you have that, in the interests of your safety and that of other members, that the Association should be advised of? YES NO

If yes, give details:

MARTIAL ARTS HISTORY

Have you trained or studied any martial arts before? YES NO

Style	Years Studied
Name of Instructor	Grade Achieved

Have you ever been excluded from practising Martial Arts in the past by a medical practitioner or any other person or entity or a Martial Arts Club? YES NO

If yes, give details:

RISK WARNING

Aikido is a combative art to disable and injure another person and its practice involves a significant degree of physical exertion and physical risk. This practice includes the use of wooden weapons.

There is a significant element of danger and unpredictability in the practice of Aikido which 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, knees, shoulders and spine which may result in restriction of movement, partial or permanent paralysis, quadriplegia or even injury resulting in death.

INDEMNITY

In consideration of the right to participate in Aikido practice with the Takemusu Aikido Association Inc., Aikido Australia Pty Ltd and APlus Pty Limited I acknowledge and agree to assume all of the risks inherent in such practice and to hold these organisations and their instructors, servants and agents free from any and all liability, claim or demand, no matter how caused, whether by or through their negligence, for any injuries and/or expenses due to:

- (a) a physical or mental injury (including the aggravation, acceleration or recurrence of such an injury) or;
- (b) the contraction, aggravation or acceleration of a disease;
- (c) or death; or
- (d) the coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs:
 - (i) that is or may be harmful or disadvantageous to the individual or community; or
 - (ii) that may result in harm or disadvantage to the individual or community.

and to indemnify them from any claim, liability or demand for compensation for injury that I may make, arising from my participation in this activity.

INSTRUCTION

I agree to carefully follow the instructor's directions and dojo rules for etiquette and safety at all times during my practise of Aikido. I recognise 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

GUARDIAN'S CONSENT (for 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, learning and participating in Aikido practice.

Name

Relationship to Applicant

Address

Contact Phone Number

Signature

Date

EMERGENCY CONTACT

Contact Name

Contact Phone Number

Relationship to Applicant