



YOSHINKAN AIKIDO

GORYUKAN BELPER

GORYUKAN BELPER MEMBERSHIP FORM

This form **MUST** be completed **BEFORE** you commence training.
PLEASE PRINT CLEARLY IN CAPITALS AS UN-READABLE APPLICATIONS WILL BE REJECTED

Personal Details:

Surname:	Sex: Male / Female
Forename:	Date of Birth:
Address:	Tel:
Town:	Mobile:
County:	Email:
Postcode:	Occupation:
Emergency Contact Name:	Emergency Contact Number:

Health Matters:

Do you suffer from any disability, illness or injury that may affect your practise of Aikido? Yes / No

(If Yes, please give details.)

Do you require any medication (e.g. Inhaler, Tablets) to be available to you at all times? Yes / No

(If Yes, please give details.)

General Information:

Have you ever practised a Martial Art?	
Have you ever been convicted of a crime of violence?	

I am aware that the practice of aikido & self-defence involves the risk of serious injury. I have read & understood the information contained in this membership form & I agree to abide the rules of Goryukan Belper. I understand that it is my responsibility to inform Goryukan Belper of any illness or injury, which may affect my practice of aikido, by requesting & completing a new membership form should I feel that any of the information contained in the form that I have submitted has changed. I have read & understood the information contained in the membership information sheet.

 Sign & Date Student (parent or Guardian)

 Instructor

Website: www.belper-aikido.co.uk

Email: yoshinkan.aikido@virgin.net