

NEW MEMBERSHIP AND RENEWAL APPLICATION FORM

SEIJITSU AIKIDO RYU

MEMBERSHIP APPLICATION

(ALL INFORMATION WILL BE TREATED WITH STRICT CONFIDENCE)

SEIJISTU AIKIDO CLUB South Devon Aikikai.

MR, MRS, MISS, MASTER OR MS. SURNAME.....
FULL FORENAME/S.....
ADDRESS.....
.....
.....**POST CODE**.....
E MAIL ADDRESS
OCCUPATION
MOBILE TELEPHONE NUMBER..... DATE OF BIRTH.....
CONTACT TELEPHONE NUMBER (LAND LINE)

PLEASE GIVE NEXT OF KIN DETAILS, TELEPHONE NUMBER OF THE PERSON YOU WISH US TO CONTACT SHOULD THERE BE A NEED.

.....

HAVE YOU EVER PRACTISED A MARTIAL ART YES/NO IF YES PLEASE STATE BRIEF DETAILS INCLUDING AFFILIATION, GRADE AND DATE OBTAINED.

.....

PLEASE STATE THAT YOU WISH TO JOIN US OF YOUR OWN FREE WILL AND THAT WE HAVE NOT IN ANY WAY TRIED TO ENTICE YOU FROM ANOTHER AFFILIATION YES / NO

SIGN.....

DO YOU HOLD A CURRENT BAB LICENCE YES/ NO IF YES PLEASE GIVE DETAILS: DATE.....

NUMBER..... EXPIRE DATE.....

DO YOU SUFFER FROM ANY OF THE FOLLOWING? TICK IF YES

DIABETES..... MIGRAINE..... EPILEPSY..... NERVOUS DISORDERS.....
HAEMOPHILIA..... HEART DISORDERS.....RESPIRATORY PROBLEMS.....
ASTHMA..... HAY FEVER..... OTHER.....

SHOULD THE NEED TO HAVE A DOCTORS APPROVAL TO TRAIN DO YOU HAVE ANY OBJECTIONS TO THIS REQUEST YES/ NO

DATA PROTECTION ACT. IT IS IMPORTANT THAT YOU READ AND SIGN THIS SECTION.

IF FOR ANY REASON YOU FEEL THAT YOU ARE UNABLE TO SIGN PLEASE SPEAK TO THE CLUB INSTRUCTOR.

IT IS A REQUIREMENT OF THE DATA PROTECTION ACT 1998 THAT PERSONS GIVE THEIR WRITTEN AUTHORSATION TO HAVE THEIR DETAILS RECORDED

Web site www.seijitsu-aikido.org.uk

INCLUDING THE TAKING OF PHOTOGRAPHS THAT COULD BE USED IN OUR WEBSITE AND NEWSLETTER. BY SIGNING BELOW, YOU ARE ALLOWING YOUR PERSONAL DETAILS TO BE RECORDED BOTH IN THE SEIJITSU AIKIDO RYU DATABASE AND THE BRITISH AIKIDO BOARD DATABASE. THESE PHOTOGRAPHS OR DATA BASE INFORMATION WILL NOT BE FORWARDED ON TO ANY OTHER THIRD PARTY AND WILL NOT BE USED FOR NON-AIKIDO RELATED FUNCTIONS. FOR PERSONS UNDER THE AGE OF 18 (EIGHTEEN) PLEASE ENSURE A PARENT OR LEGAL GUARDIAN SIGNS ON YOUR BEHALF.

I ACCEPT THE RULES OF THE ASSOCIATION AND THAT THE PRACTICE OF AIKIDO COULD INVOLVE THE RISK OF INJURY?

PRINT NAME.....
SIGNATURE..... **DATE**.....

(SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER 18)
PLEASE RETURN TO THE MEMBERSHIP SECRETARY VIA YOUR CLUB INSTRUCTOR.
COMPLETE AND SIGN THIS FORM, WITH ONE PASSPORT PHOTOGRAPHS AND THE APPROPRIATE FEES

CLUB INSTRUCTOR **RICK SMARIDGE**

SIGNATURE..... **DATE**.....

SEIJITSU AIKIDO CLUB **SOUTH DEVON AIKIKAI AIKIDO CLUB**
MEMBERSHIP FEE..... **B A B FEE**.....

ONE PASSPORT PHOTOGRAPH NAME ON THE BACK OF PHOTOGRAPH

MEMBERSHIP NUMBER..... **MEMBERSHIP DUE DATE**.....

MEMBERSHIP SECRETARY IAN TAYLOR DATE.....

DATA PROTECTION OFFICER TERRY BAYLISS DATE.....

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BAB INSURANCE NUMBER.....

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