

# AIKIDO OF HONOLULU

## MEMBER REGISTRATION FORM



FAMILY NAME  
INITIAL

426 LUAKINI STREET • HONOLULU • HAWAII 96817 • USA

I hereby apply for registration as a student of Aikido of Honolulu, and submit the following information:

### PLEASE PRINT

Name \_\_\_\_\_  
LAST NAME / FAMILY NAME FIRST NAME / GIVEN NAME MIDDLE INITIAL

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email (for member news/updates) \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender  MALE  FEMALE Occupation \_\_\_\_\_

In case of emergency call \_\_\_\_\_ Relationship \_\_\_\_\_  
NAME

Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical problems/allergies \_\_\_\_\_

In consideration of acceptance of this application as a student to receive instruction in and to practice Aikido, I hereby for myself, my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages which I might or could have against Aikido of Honolulu, a non-profit Hawaii corporation, its members, directors, chief instructor, dojo instructors, guests instructors and/or their heirs, executors, administrators, successors or assigns, for and by reason of any and all injuries suffered by me at any time during Aikido practice or demonstration in which I may participate.

I agree not to teach Aikido without written permission of the President and proper certification from the Chief Instructor of Aikido of Honolulu.

I am in good health and do not have any medical condition which prevents me from practicing Aikido. In case of injury I authorize a doctor, emergency medical technician, or nurse to treat my injury and administer medicine.

APPLICANT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

In case applicant is a minor, the undersigned parent(s) or guardian(s) hereby waives and releases all rights and claims on behalf of the minor.

Parent(s) or Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

For applicants under 18 years of age

Print Name \_\_\_\_\_

**Note:** Dues and fees paid for Aikido training are due by the first of the month and will not be refunded. A charge of \$15.00 will be assessed each time the bank dishonors a check.

#### TO BE COMPLETED BY REGISTRAR

Total Amount Received \$ \_\_\_\_\_ Method of Payment (check one)  CASH  CHECK

For  JUNIOR (Age 6-17) \$35  ADULT \$45  FULL-TIME COLLEGE STUDENT (PROPER ID REQUIRED) \$35

Fee Paid  MONTHLY FEE  INITIAL MEMBERSHIP FEE \$20  UNIFORM (Size \_\_\_\_\_)

OTHER (please describe) \_\_\_\_\_

Received by \_\_\_\_\_ Signature / Initial \_\_\_\_\_ Date \_\_\_\_\_  
PRINT REGISTRAR NAME