

AIKIDO OF HONOLULU

MEMBER REGISTRATION

426 LUAKINI STREET • HONOLULU • HAWAII 96817



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 _____

My current rank in Aikido is _____ kyu/_____ dan, received from _____ (dojo).

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) \$20 ☐ ADULT \$35 ☐ FULL-TIME COLLEGE STUDENT (PROPER ID REQUIRED) \$25

☐ OTHER (please describe) _____

Fee Paid ☐ MONTHLY FEE ☐ UNIFORM (Size _____)

Received by _____ Signature / Initial _____ Date _____

PRINT REGISTRAR NAME