Kootenay Aikido Kenkyu-Kai Children and Youth Registration Form

Personal Details

Name of child/youth		Birth date
Any health issues, disabilities, allergies, inj	uries?	
,,		
Address		
Home phone	Work phone	Mobile phone
	1	
Parent's Email		Child's Email
Parent's Email		Child's Email
Emergency contact name		Tel
Care card number		
Alternate names of adults that may pick u	p the child	
Please list any previous experience in mart	ial arts	
How did you find out about Aikido?		
What interests or excites you about Aikido		
Please share your goals and ideas about Ai	kido practice	
☐ Please do not use my child photo in Whi ☐ Please do not send me quarterly newslet		otional materials and website
☐ Flease do not send me quarterly newslet	ter by eman	
	Waiver aı	nd Release
communicable diseases, partial or total disable (KAKI) accepting this registration, I, for my of from any claims, demands, damages, actions child's person or property incurred while at	cility, paralysis and de child, myself, my heirs, a, or causes of action a tending at or particip ury or damage may h	I with Aikido training, including, but not limited to: bodily injury, eath. In consideration of Kootenay Aikido Kenkyu-kai International executors, administrators and assigns, release all officers or employees arising out of or in consequence of any loss, injury or damage to my pating in KAKI-sponsored Aikido classes, Aikido seminars or other have arisen by reason of the negligence or gross negligence of KAKI,
I have read this document carefuly. I unders	tand that signing this	document may affect my legal rights including the right to sue.
Signed by	at	(city) on(date)

Classes and Seminars Attendance

Name	e:												Year:		
									Fa	11					
		S	eptem	ber						Octob	er				Seminars
1	2	3	4	5	6	7	1	2	3	4	5	6	7	Date	Notes
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			May							June	?				Promotions
1	2	3	4	5	6	7	1	2	3	4	5	6	7	Date	Notes
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