



Application Form

Name: _____
Address: _____ City: _____
Postal code: _____ Email: _____
Telephone: (Home) _____ (Work) _____
Date of birth: _____
Previous martial arts training: _____

IMPORTANT: PLEASE LIST ALL MEDICAL CONDITIONS! In case of loss of consciousness or other injury of an emergency nature, what should the doctor be told about your health (e.g., allergies, medications, contact lenses, surgery, etc): _____

EMERGENCY CONTACT - Name: _____
Telephone: (Home) _____ (Work) _____

I hereby acknowledge my application for membership to the Golden Triangle Aikido dojo. I attest that all the above information is complete and true. I agree to abide by all the rules of the dojo/club, and to pay all fees in advance.

I understand that there are no refunds except in extreme cases as determined solely by Golden Triangle Aikido. I recognize and accept that members may be expelled or denied the opportunity to practice either for failure to pay fees or for behaviour that is deemed disrespectful or dangerous by the instructors.

Date: _____
Signature: _____
Signature of parent/guardian: _____
Signature of witness: _____