



# SHIN GI TAI AIKIDO SOCIETY MEMBERSHIP APPLICATION



Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Have you ever practiced a martial art before? YES/NO

If yes please give details \_\_\_\_\_

Do you have any unspent convictions for violent crime? YES/NO

(If yes you may be asked for further information.)

Are you aware of any medical conditions that you have that which could adversely affect your training? YES/NO

If yes please give details \_\_\_\_\_

Do you have any special needs that the instructor should be made aware of? YES/NO

If yes please give details \_\_\_\_\_

I apply for membership of the shin Gi Tai Aikido Society and agree to abide by the rules of the society. I also accept that the practice of Aikido involves the risk of injury and I agree to maintain the required insurance cover in respect of this this risk.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Club: **Torbay Aikido**  
(Incorporating Ronindo Budokai & Newton Abbot Aikido)

Instructor's signature: \_\_\_\_\_

(The society reserves the right to accept or decline applications for membership)

Fee Enclosed £ \_\_\_\_\_

We are very pleased to welcome you to Torbay Aikido.

To ensure that we have the correct contact details for you, please insert the Information requested below. Please return this form to your instructor. We will also use this information to ensure you are kept informed about club events, PLEASE ENSURE YOUR EMAIL IS WRITTEN CLEARLY.

**PERSONAL DETAILS**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
..... Postcode: \_\_\_\_\_  
Home telephone number \_\_\_\_\_  
Mobile: \_\_\_\_\_ email: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

In order to help the club monitor its membership can you please tick one of the following boxes to identify your ethnic groups?

White .....  
Mixed .....  
Asian or Asian British.....  
Black or Black British .....  
Chinese or other ethnic group.....  
Do you consider yourself to have a disability? .....  
If yes, what is the nature of your disability? .....  
.....

**SPORTING INFORMATION**

Have you done Aikido before? .....  
If yes, please indicate where you did so below: -  
Club.....  
County.....  
Other (please specify):  
.....

**MEDICAL INFORMATION**

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, etc) \_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:  
Contact name #1  
Emergency contact number: \_\_\_\_\_  
Contact name #2.....: .....  
Emergency contact number: .....