

**West County Aikido
Registration and Contact Form**

Student Info:

First Name Middle Last Name DOB(mm/dd/yyyy)

Address City State Zip

Wk Phone Hm Phone Cell Phone Email

Occupation Previous Martial Art Studied Rank

Guardian/Emergency Contact

First Name Middle Last Name Relationship

Address City State Zip

Wk Phone Hm Phone Cell Phone Email

Alternate Emergency Contact

First Name Middle Last Name Relationship

Address City State Zip

Wk Phone Hm Phone Cell Phone Email

Student Insurance Information

Doctor Phone Medical Insurance Carrier Group/Subscriber Number

Dentist Phone Dental Insurance Carrier Group/Subscriber Number

Physical Considerations (including allergies, injuries, etc.)

Guardian Print Name Signature Date

Received by: _____

Date: _____

West County Aikido
Statement of Release and Understanding

I/We (Student and Guardian) declare the following:

I am in good health and suffer no debilitating illness and/or any prior serious injuries that may be aggravated by Aikido training except as listed on the Registration and Contact form.

I understand that Aikido training is strenuous and potentially dangerous. I hereby release and hold harmless without reservations the West County Aikido Dojo (San Pablo, California USA), its instructors, and any affiliated organization(s) conducting instruction or training, from any and all liability or responsibility for any harm or injury to myself or others that may result during classes and practice sessions.

I understand that I must diligently follow the instructor's directions to prevent harm to myself or others participating in classes or training. I must follow the safety rules while in the Dojo (check boxes):

- Students must stretch for at least 10 minutes prior to practice
- When practicing rolls students must get up immediately and not lay on the mat
- No horseplay or testing of strength of others.
- Pay attention to the sensei at all times.
- Students must sit correctly during classes, sitting with legs outstretched or lying down during class is not permitted.
- No free or open practice without the supervision of the sensei or approved higher rank student (black belt or senior brown belt).
- Everyone must practice awareness (zanshin) at all times to prevent accidents or injuries.
- Fingernails and toenails must be cut and trimmed at all times.
- Wearing jewelry (necklaces, earrings, etc.) is not permitted during practice as it is dangerous.
- Uniforms and weapons must be kept clean and in good working order.
- I will notify an instructor or senior student immediately if I become aware of any hazard or danger that presents itself.

I will only use techniques I have learned defend myself when no other option is available to me.

I will pay the agreed upon fees of \$_____ per month to support the West County Aikido Dojo. If I want to stop training, I must notify the Dojo at least 2 weeks or 14 calendar days ahead otherwise I will be liable for any fees not paid whether I attend classes or not. Monthly fees are due a week before the 1st of the month. Fees paid after the 5th will be assessed a 10% penalty.

I understand that fees may be reasonably raised or lowered as Dojo expenses change and that I will receive a minimum of one months notice either verbally or in writing if fees change. I understand that I am responsible for paying fees even if they change.

Any disagreements between myself and the Dojo will be resolved promptly through informal discussion with the Dojo's senior instructor. If arbitration is necessary, a panel of senior students and parents may be called to settle any disagreements.

Student Print Name

Signature

Date

Guardian Print Name

Signature

Date

Received by: _____

Date: _____