

## Granville Aikikai Registration Form

Please PRINT the following information (use reverse if necessary)

Name in full: \_\_\_\_\_ Birth Date (yr/mo/day): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

MSP Number: \_\_\_\_\_ Allergies: \_\_\_\_\_

Injuries/Medication: \_\_\_\_\_

Extended Medical Coverage: \_\_\_\_\_

Previous Aikido Experience? Yes \_\_\_ No \_\_\_ Highest Rank: \_\_\_\_\_

Details: \_\_\_\_\_

Previous Martial Arts Experience? Yes \_\_\_ No \_\_\_ Highest Rank \_\_\_\_\_

Details: \_\_\_\_\_

I, \_\_\_\_\_ acknowledge and fully understand that I am applying for instruction in a martial art involving strenuous exercise and personal body contact. I agree to abide by the rules of the Granville Aikikai and agree to follow explicitly all instruction given by the instructors during the course of my instruction. I acknowledge and fully understand and agree to assume ALL RISKS AND HAZARDS involved in and arising out of my activities in the Granville Aikikai. I HEREBY WAIVE, RELEASE, FORGO AND FOREVER RELINQUISH any and all claims, demands, suits, actions or causes of actions which I may have against the Granville Aikikai, its members, organizers, sponsors, executive officers, supervisors, directors, employees, agents, workpersons and any person(s) participating or assisting in the carrying out of the activities of the organization. AND FURTHER I hereby agree to hold and save Granville Aikikai harmless from any loss or damage and from any claims, demands, suits, actions or courses of actions resulting from or resulting out of or occasioned by my participation in any or all of the activities of the Granville Aikikai. AND FURTHER in the event that my family doctor cannot be contacted, I do hereby authorize a physician chosen by the Granville Aikikai to attend me in an emergency.

SIGNATURE: \_\_\_\_\_ DATE(yr/mo/day): \_\_\_\_\_