



WORLD AIKIDO-YOGA APPLICATION FORM

1. APPLICANT'S DETAILS:

Last Name: _____

Given Names: _____

Address: _____

Postcode: _____

Phone (home): _____ Mobile: _____

Email: _____

Date of Birth: _____

Occupation _____

Name of Employer: _____

Other Skills / Qualifications: _____

2. HEALTH DECLARATION:

- Are you taking any prescribed drugs?
(Especially any that may impair reaction time or judgment.) **NO** **YES**

If yes, what drugs _____

- Have you suffered any incapacity requiring medical attention in the past 12 months? **NO** **YES**

If yes, please give details _____

- Name and identify any physical impairments, injuries or medical conditions that currently affect you: _____

- Are you aware of any health problem/s that you have that, in the interests of your safety, the club should be advised of? **NO** **YES**

If yes, please describe _____

3. MARTIAL ARTS HISTORY

▪ Have you studied martial arts before? **NO YES**

If yes, please state particulars of:

- Style(s) you have studied: _____

- Number of years studied / Grade(s) Achieved: _____

- Name(s) of your instructor(s): _____

4. EXCLUSION OF APPLICANT

▪ Have you ever been excluded from Martial Arts in the past for any reason, including by a medical practitioner or any other person? **NO YES**

If yes, please give details _____

5. DECLARATION OF DISCLOSURE & UNDERSTANDING

(a) **Martial Arts Is Dangerous:** I declare that I have been given full and correct answers to the above questions, both for my own safety and that of others.

(b) I declare that I have read and understood the terms of the Martial Arts Contract or if I did not understand the terms of the Contract I requested an independent person to explain them to me.

Signed (Applicant): _____

This (date) _____ **day of (month)** _____ **20** _____

in the presence of (witness signature): _____

(witness name): _____

(witness address): _____

6. GUARDIAN'S CONSENT: (for all persons under 18 years)

I hereby certify and decree that all the information contained in the declarations above in respect of the minor Applicant is true and accurate.

Signed ("Guardian") _____

Relationship to Applicant: _____

Guardian's Full Address: _____

This (date) _____ **day of (month)** _____ **20** _____

in the presence of (witness signature): _____

(witness name): _____

(witness address): _____
