

AIKIDO - THE GREENWOOD CENTER

Membership Application and Release

Personal Info

Date: _____

Name: _____

Birth date: _____ Age: _____ Home Phone: _____ Work Phone: _____

Address: _____

City: _____ Zip: _____ Email: _____

Emergency Contact: _____ Phone: _____

Initial each paragraph below:

____ I, _____, hereby make application to become a student of Aikido at The Greenwood Center and agree to follow the directions of the instructors and rules of the club. I will show courtesy and respect to instructors and fellow students, and endeavor to practice in a spirit of harmony.

____ I will pay dues within the first week of each month. I will make an effort to train regularly, assist in maintaining the dojo facilities and support club activities. I will train with an attitude of self-improvement and with the awareness that my cooperation and commitment are necessary for the growth of fellow students.

____ I understand that Aikido is a vigorous martial art and does involve some painful holds and can involve risk ranging from minor injuries to catastrophic or life threatening injuries. There are some falls which might create the possibility of serious injury, including permanent paralysis and even death from landing or falling on the head or neck.

____ Being cognizant of this danger, I agree to practice within my own physical limitations and also to protect the well being of students with whom I practice. I practice Aikido voluntarily and at my own risk. Furthermore, I hereby forever release The Greenwood Center, its owners, instructors, volunteers, fellow students, staff, directors or volunteers from any responsibilities in case of accident, illness or injury relating to any class, training session, seminar, promotion test or travel to and from such events.

____ I am covered by my own personal insurance plan and understand that I am responsible for any medical expenses that may be incurred through my participation in Aikido.

____ At this time I declare that I am in a condition of good general health.

____ I will train as instructed. I may tell other of Aikido, but will not engage in instruction of Aikido techniques to anyone without authorization of the Chief Instructor of Aikido at The Greenwood Center and Aikido World Headquarters in Japan.

____ I will try to be a good representative of Aikido and The Greenwood Center. Instructors, by unanimous agreement and with consent of the chief instructor may dismiss any member at any time for willful or continued violation of club rules or the spirit of Aikido. If I should plan to discontinue my Aikido training I will courteously inform the chief instructor of my intention.

I have read and understand the above agreement of membership and declare that I have not withheld any information regarding my health. I will inform instructors of any change in my health.

I agree to the above conditions of membership and participation with Aikido - The Greenwood Center.

Signature (or Parent/Guardian if a minor)

Date