

Brighton Aikikai & Seijitsu Aikido Ryu Membership Application



All information will be treated with strict confidence

New member details

Title	
Forename(s)	
Surname	
Date of birth	
Address	
Postcode	
Occupation	
Primary phone	
Secondary phone	
Email address	

Emergency contact details

Name	
Relationship to you	
Primary phone	
Secondary phone	

Previous martial-arts experience

Style & affiliation	Grade & date obtained

Do you suffer from any of the following?

Asthma	Yes	No	Haemophilia	Yes	No
Hay fever	Yes	No	Heart disorders	Yes	No
Diabetes	Yes	No	Nervous disorders	Yes	No
Migraine	Yes	No	Respiratory problems	Yes	No
Epilepsy	Yes	No			

If doctors approval is required to train do you have any objections to this request?	Yes	No
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Is there anything else that might affect your ability to practice?

No

Existing BAB insurance details (if known)

BAB insurance number	Issue date	Expiry date

Data Protection Act

It is a **requirement** of the **Data Protection Act 1998** that persons give their written authorisation to have their details recorded, including the taking of photographs that could be used in our website and newsletter.

By signing below, you are allowing your personal details to be recorded in the **Seijitsu Aikido Ryu** database, the **British Aikido Board** database, and the **Brighton Aikikai Aikido Club** database. These photographs and database information will **not** be forwarded to any other third-party and will not be used for non-Aikido related functions.

For persons under the age of 18 (eighteen) please ensure a **parent or legal guardian** signs on your behalf.

Sign below to show that you accept the rules of the association and that the practice of Aikido could involve the risk of injury:

Sign below to state that you wish to join us of your own free will and that we have not in any way tried to entice you from another affiliation:

Print name	
Date signed	

Print name	
Date signed	

Please complete and sign this document and return it to the Membership Secretary via your Club Instructor with **two passport photographs with your name written on the back of one** and the appropriate fees.

The following is to be completed by Brighton Aikikai & Seijitsu Aikido Ryu

Brighton Aikikai instructor	
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Instructor signature

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Date signed	
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Seijitsu Aikido Club Brighton Aikikai Aikido Club

Membership fee

BAB fee

Membership number

Membership due date

Membership Secretary

Ian Taylor

Date signed

Data Protection Officer

Terry Bayliss

Date signed

BAB insurance number