

MEMBERSHIP INFORMATION SHEET

INSURANCE

- All members must hold Personal Accident (PA) Insurance, which will be issued to you within one month of joining. All Instructors must hold PA Insurance, Professional Indemnity (PI) Insurance and a First Aid qualification.
- Insurance is provided via the British Aikido Board. For further details on the Insurance Cover please refer to the British Aikido Board website (www.bab.org.uk).
- If you are self-employed or do not get paid sick leave it is recommended that you take out additional Personal Accident insurance (privately), to cover any time you may have off work due to injury, as this is not covered by the BAB PA Insurance policy.
- If you have any further questions regarding insurance you must direct these through your Club Instructor to the Principal Coach as the BAB does not take enquiries from individuals, only from Organisation representatives.

CODE OF CONDUCT FOR PARENTS / GUARDIANS / CARERS

ANY member under the age of 18 is classed as a Junior member. This section should be read by anyone who has signed a membership form on behalf of a junior member.

- Encourage your child to learn the rules and understand them.
- Discourage unfair play and arguing with instructors.
- Help your child to recognise good performance, not just results.
- Never force your child to take part in sport.
- Set a good example by recognising fair play and applauding good performances of all.
- Never punish or belittle a child for losing or making mistakes.
- Publicly accept instructors' judgements.
- Support your child's involvement and help them to enjoy their sport.
- Use correct and proper language at all times.
- Encourage and guide participants to accept responsibility for their own performance and behaviour.

GENERAL RULES

- ALWAYS arrive at the Dojo at least 15 minutes before training begins.
- ALWAYS bow on entering or leaving a Dojo or Training Area.
- ALWAYS assist with the putting out and putting away of Tatami (Training Mats).
- All jewellery and watches MUST be removed before practice.
- Make sure all nails are trimmed short so as not to cause undue injury to others.
- Complete Training Uniforms (Gi's) are preferred. Always keep your Gi clean and laundered.
- If you arrive late and training has already begun, you MUST WAIT at the side of the mat until an Instructor invites you to join the class.
- When speaking or being spoken to by your Instructor you should ALWAYS address him or her by the term 'SENSEI'. This means Instructor / Teacher and is a mark of respect.
- During class, any student wishing to leave the mat or practice something other than the technique shown, MUST first ask permission of the Instructor.
- When the Instructor is off the mat, treat the senior student with the same RESPECT you do the Instructor.
- NEVER shout, curse or become angry on the mat. If there is a disagreement, ask the Instructor what is right.
- On NO account should you practice Aikido whilst under the influence of drink or drugs. If you are found doing so, your membership to the club will be revoked.
- If you return to training after a period of absence, of three months, or more. You MUST wear a white belt until your Instructor feels that you have trained sufficiently, whereby you can continue training at the level at which you left.

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MEMBERSHIP FORM (page 1 of 2)

This form **MUST** be completed **BEFORE** you commence training.
PLEASE PRINT CLEARLY AS UN-READABLE APPLICATIONS WILL BE REJECTED
In order to minimize paper work, all records are stored on a home computer.

Personal Details:

First Name:	Sex: Male Female
Last Name:	Date of Birth: (dd/mm/yyyy) / /
Address:	Tel: (Home)
	Tel: (Work)
Town:	Tel: (Mobile)
County:	
Postcode:	Emergency Contact Name:
Email:	Emergency Contact Number:

PLEASE CROSS OUT ANSWER THAT DOES NOT APPLY

Health Matters:

Do you suffer from any disability, illness or injury that may affect your practise of Aikido? (If YES, please give details on back.)	Yes / No
Do you require any medication (e.g. Inhaler, Tablets) to be available to you at all times? (If YES, please give details on back.)	Yes / No

General Information:

Have you ever practised a Martial Art?	Yes / No (If YES, please give details on back.)
Do you hold a current BAB Licence?	Yes / No (If YES, please give details on back.)
Have you ever been convicted of a crime of violence?	Yes / No (If YES, please give details on back.)

Advertising:

How did you hear about this club?	
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I AM AWARE THAT THE PRACTICE OF AIKIDO & SELF-DEFENCE INVOLVES THE RISK OF SERIOUS INJURY

I HAVE READ AND UNDERSTOOD THE INFORMATION CONTAINED IN THIS MEMBERSHIP FORM AND I AGREE TO ABIDE BY THE RULES OF THE ORGANISATION. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE ORGANISATION OF ANY ILLNESS OR INJURY, WHICH MAY AFFECT MY PRACTICE OF AIKIDO, BY REQUESTING AND COMPLETING A NEW MEMBERSHIP FORM SHOULD I FEEL THAT ANY OF THE INFORMATION CONTAINED IN THE FORM THAT I HAVE SUBMITTED HAS CHANGED.

I HAVE READ AND UNDERSTOOD THE INFORMATION CONTAINED IN THE MEMBERSHIP INFORMATION SHEET (GENERAL RULES, INSURANCE AND CHILD PROTECTION ETC.) AND KNOW THAT I CAN OBTAIN INFORMATION ON * INSURANCE FROM THE BRITISH AIKIDO BOARD (BAB) WEB SITE AT WWW.BAB.ORG.UK OR FROM A CLUB INSTRUCTOR (PLEASE DO NOT CONTACT THE BAB DIRECTLY).

I UNDERSTAND THAT IT IS RECOMMENDED THAT I OBTAIN MY OWN PERSONAL ACCIDENT INSURANCE, SHOULD I NEED COVER IN ADDITION TO THE LIMITED BAB COVER THAT IS PROVIDED

SIGNATURE: _____ (Parent or Guardian if under 18)

PRINT NAME: _____

DATE: _____

CLUB INSTRUCTOR: _____ (PRINT NAME)

CLUB INSTRUCTOR: _____ (SIGNATURE)

***BAB Insurance is only valid when training in a registered dojo, with a registered instructor. Member-to-member insurance is only valid when training with members that are also insured with BAB Insurance. See Insurance page on website for all details, if attending external seminars please discuss insurance cover with the host of the seminar.**

MEMBERSHIP FORM (page 2 of 2)

Disability:

What is the nature of your disability?

- Visual impairment
- Hearing impairment
- Physical disability
- Learning disability
- Multiple disability
- Other (please specify):

Health Matters:

General Information:

BAB Licence Details:

Issued By: _____ Number: _____ Expiry Date: _____

TO BE COMPLETED BY YOUR CLUB INSTRUCTOR:

Membership Type: <i>(Please tick below)</i>		Start Date: <i>(dd/mm/yyyy)</i> / /	
<input type="checkbox"/> Adult	<input type="checkbox"/> Student	<input type="checkbox"/> Junior	<input type="checkbox"/>
<input type="checkbox"/> Renewal	<input type="checkbox"/> New Applicant		<input type="checkbox"/>
Association	<u>Ken Shin Kai</u>	<u>Affiliated</u>	<u>Other</u>
CLUB:	ALNS	Goryukai	
	FLC	Traditional Ueshiba	
	HC		
	FR (Salisbury)		
	LWSC (Powys)		

TO BE COMPLETED BY YOUR LICENCE OFFICER:

Membership No:		
BAB Licence No:		
Licence Issued: <i>(dd/mm/yyyy)</i>	/	/
Joining Fee Paid: <i>(dd/mm/yyyy)</i>	/	/

We reserve the right to decline your application at any time, without stating a reason.