

# KEN SHIN KAI YOSHINKAN AIKIDO ORGANISATION UK

## MEMBERSHIP FORM (page 1 of 2)

PLEASE PRINT CLEARLY AS UN-READABLE APPLICATIONS WILL BE REJECTED

### Personal Details:

First Name:	Date of Birth (dd/mm/yyyy):	/	/
Last Name:			
Address:	Phone (Home):		
	Phone (Mobile):		
Town:			
County:			
Postcode:	Emergency Contact Name:		
Email:	Emergency Contact Number:		

### PLEASE CIRCLE THE CORRECT ANSWER

Do you suffer from any disability, illness or injury that may affect your practice of Aikido?	YES / NO (If YES give details on back)
Do you require any medication (e.g. Inhaler, Tablets) to be available to you at all times?	YES / NO (If YES give details on back)
Have you ever practiced a Martial Art?	YES / NO (If YES give details on back)
Do you hold a current BAB Licence?	YES / NO (If YES give details on back)
How did you hear about this club? (e.g. Facebook Advert, Google Search, Internet, Friend, Poster, Leaflet etc.)	

I recognise that as a participant I am fully aware and accept the inherent risks involved in undertaking contact activities, such as aikido, including the potential to contract or pass on Coronavirus, COVID-19 or similar infectious diseases, and will comply with safety measures as directed by my coach/club/association and government guidelines.

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 and know that i can obtain any additional information from the Kenshinkai website ([www.kenshinkai.org.uk](http://www.kenshinkai.org.uk)) or from the British Aikido Board (BAB) website at [www.bab.org.uk](http://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.

I am aware that the practice of aikido & self-defence involves the risk of serious injury.

**SIGNATURE:** \_\_\_\_\_ (Parent or Guardian if under 18)

**PRINT NAME:** \_\_\_\_\_ (Parent or Guardian if under 18)

**DATE:** \_\_\_\_\_

**CLUB INSTRUCTOR:** \_\_\_\_\_ (PRINT NAME)

**CLUB INSTRUCTOR:** \_\_\_\_\_ (SIGNATURE)

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

Website: [www.kenshinkai.org.uk](http://www.kenshinkai.org.uk) Email: [kkaikido@outlook.com](mailto:kkaikido@outlook.com)

# KEN SHIN KAI YOSHINKAN AIKIDO ORGANISATION UK

## MEMBERSHIP FORM (page 2 of 2)

Disability / Health / Medication Information (e.g. anything that may affect your training etc.):

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General Information (e.g. other martial arts practiced, BAB Licence from another club, etc.):

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### **British Aikido Board (BAB) Insurance**

Please note that 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 the Kenshinkai website for all details. If attending external seminars (not hosted by Kenshinkai) please discuss insurance cover with the host of the seminar.

### **Data Protection**

At Kenshinkai we take the privacy of our members data seriously and will only use your personal information for club administration purposes and for communicating with you about your membership. Only the Membership Secretary and Treasurer will be able to access your details. As a British Aikido Board (BAB)-affiliated club we will provide your name, contact details and date of birth to the BAB to administer your membership of the BAB including any relevant insurance cover. The BAB may use your data to communicate with you about your membership. More information about how the BAB uses data can be found at [www.bab.org.uk](http://www.bab.org.uk) . We will never share or sell your data without your prior permission.

### **TO BE COMPLETED BY YOUR CLUB INSTRUCTOR:**

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

### **TO BE COMPLETED BY YOUR LICENCE OFFICER:**

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