

**SHIN-GI -TAI AIKIDO SOCIETY**  
**(in association with St Ives Aiki Dojo)**

**Membership application**

FULL NAME: .....

ADDRESS .....

.....POSTCODE.....

DATE OF BIRTH: .....

TEL.NO: .....

Emergency contact.....Tel.no.....

Email.....

**Have you ever practised a martial art before?**  YES  NO

If YES, please give brief details .....

**Do you hold a current BAB licence?**  YES  NO

If YES please supply your reg.no. and expiry date .....

**Do you have any unspent convictions for violent crime?**  YES  NO (if YES you may be asked for further information).

**Do you have a disability/injury or any medical condition that would adversely affect your ability to train?**

YES  NO

If YES, please give details (this information will be treated confidentially) .....

**DECLARATION:**

I apply for membership of the Shin-Gi-Tai Aikido Society (in association with St Ives Aiki Dojo) and agree to abide by the rules of the Society. I also accept that the practice of Aikido involves the risk of injury and I agree to maintain the required insurance cover in respect of this risk.

**Signature** ..... **Dated**.....

(To be signed by a parent/guardian if under the age of 18)

**NAME OF CLUB:** St Ives Aiki Dojo

**INSTRUCTOR'S SIGNATURE**.....

(The Society reserves the right to accept or decline applications for membership)