



Please check One:

- New Student** (ages 5 to 16)
- Renewing Student** (ages 5 to 16)
- Visiting Student** (ages 5 to 16)

Please Print Clearly:

Student's Full Name

Street Address

City State Zip

Parent or Guardian Names

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Telephone (home) Telephone (work)

Emergency Contact 1 Phone

Emergency Contact 2 Phone

Birthdate Date joined Aikido of Austin

Prior Aikido experience/rank

Other Martial art experience/rank

How did you hear about Aikido of Austin?

**Read the following contract carefully:
It limits our liability.**

STUDENT

I, the student applying for membership with Aikido of Austin, agree to follow the instructions of the teachers and teachers' assistants to the best of my ability. I agree to be considerate of other students. I agree to let the teachers or teachers' assistants know if at any time I am afraid to do anything that is being done in class and to let them know if any thing we are doing hurts me.

I agree to practice safely and I agree to have fun!!!

Date Signature of Student

PARENT OR GUARDIAN

I, the parent or guardian of the above signed applicant of Aikido of Austin, (hereafter called "AOA"), acknowledge that I am signing my child up for instruction in a martial art involving strenuous exercise and personal body contact. I acknowledge that AOA carries no insurance against injury to students. As a condition to my child being admitted to AOA as a student, I hereby agree that if my child or anyone on my child's behalf should claim that AOA or any of its employees or volunteers is liable for any damages as a result of injuries to my child which occur during the practice of Aikido or during any other use of the facilities or services of AOA, then I shall hold AOA and each of its employees and volunteers harmless from such liability and shall defend AOA and its employees and volunteers against any such claim and shall pay any damages which might be due my child or any other person as a result of injuries to my child.

Date Signature of Parent or Guardian