



ADULT REGISTRATION / MEMBERSHIP FORM

Please write clearly in **BLOCK LETTERS**. Thank you.

Membership No.: _____

Personal

Full Name: _____
(According to NRIC/FIN/Passport)

Sex: _____ Race: _____

IC / FIN /
Passport No: _____

Date of Birth: _____

Marital Status: _____

Nationality: _____

Office Tel: _____

Mobile: _____

Home Tel: _____

Email: _____

Home Address: _____

Hobbies: _____

Dojo Enrolled: _____ Date Joined: _____

Occupation:
Company/School: _____

Company's Business/
Address: _____

In case of Emergency:

Next to kin's
Name: _____ Relation: _____

Home Address/
Contact No.: _____

WAIVER AND INDEMNITY

I apply to participate in the training of AIKIDO at the above mentioned premises or at any other premises conducted by Aikido Federation (Singapore) at my/our own risk and hereby will not hold Aikido Federation (Singapore), its instructors, assistants and other organizing bodies **LIABLE** for any bodily injuries and accidents occurs whilst in training or taking part in demonstration in the art of Aikido whatsoever conducted at the above mentioned premises or at any other premises.

I shall indemnify Aikido Federation (Singapore), its instructors, assistants and other organizing bodies all proceedings and liabilities whatsoever which may taken or made against by reason of any claim or action of whatever nature which may be brought by me or on my behalf in respect of the foregoing.

Date: _____ **Applicant's Signature:** _____

	Amount	Date Paid
Entrance Fee	S\$20.00	
Annual Subscription Fee	S\$36.00 (Single Dojo) S\$45.00 (Multiple Dojo)	

*N.B. a) Students who join after June pay half of Annual Subscription Fee.
b) To submit application with two(2)passport photos*