



CHILDREN REGISTRATION / MEMBERSHIP FORM

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

Membership No.: _____

Personal

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

IC / FIN / Passport No: _____ Date of Birth: _____

Nationality: _____ Home Tel: _____

Home Address: _____

School: _____ Grade/Level: _____

Dojo Enrolled: _____ Date Joined: _____

Hobbies: _____

In case of Emergency:

Next to kin's Name: _____ Relation: _____

Home & Email Address/

Contact No. (to include mobile phone):

WAIVER AND INDEMNITY

I, (*Parent / Guardian) _____ NRIC No. _____ agree to give consent to the above mentioned minor 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 against 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.

(*Please delete where inapplicable)

Date: _____ **Parent's/Guardian's Signature:** _____

	Amount	Date Paid
Entrance Fee	S\$12.00	
Annual Subscription Fee	S\$24.00	

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