



# WORLD AIKIDO-YOGA APPLICATION FORM

**1. APPLICANT'S DETAILS:**

Last Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Other Skills / Qualifications: \_\_\_\_\_

**2. HEALTH DECLARATION:**

- Are you taking any prescribed drugs?  
(Especially any that may impair reaction time or judgment.)      **NO**      **YES**

If yes, what drugs \_\_\_\_\_  
\_\_\_\_\_

- Have you suffered any incapacity requiring medical attention in the past 12 months?      **NO**      **YES**

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

- Name and identify any physical impairments, injuries or medical conditions that currently affect you: \_\_\_\_\_  
\_\_\_\_\_

- Are you aware of any health problem/s that you have that, in the interests of your safety, the club should be advised of?      **NO**      **YES**

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

**3. MARTIAL ARTS HISTORY**

▪ Have you studied martial arts before? **NO YES**

If yes, please state particulars of:

- Style(s) you have studied: \_\_\_\_\_

- Number of years studied / Grade(s) Achieved: \_\_\_\_\_

- Name(s) of your instructor(s): \_\_\_\_\_

**4. EXCLUSION OF APPLICANT**

▪ Have you ever been excluded from Martial Arts in the past for any reason, including by a medical practitioner or any other person? **NO YES**

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

**5. DECLARATION OF DISCLOSURE & UNDERSTANDING**

(a) **Martial Arts Is Dangerous:** I declare that I have been given full and correct answers to the above questions, both for my own safety and that of others.

(b) I declare that I have read and understood the terms of the Martial Arts Contract or if I did not understand the terms of the Contract I requested an independent person to explain them to me.

**Signed (Applicant):** \_\_\_\_\_

**This (date)** \_\_\_\_\_ **day of (month)** \_\_\_\_\_ **20** \_\_\_\_\_

**in the presence of (witness signature):** \_\_\_\_\_

**(witness name):** \_\_\_\_\_

**(witness address):** \_\_\_\_\_

\_\_\_\_\_

**6. GUARDIAN'S CONSENT: (for all persons under 18 years)**

I hereby certify and decree that all the information contained in the declarations above in respect of the minor Applicant is true and accurate.

**Signed ("Guardian")** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Guardian's Full Address:** \_\_\_\_\_

**This (date)** \_\_\_\_\_ **day of (month)** \_\_\_\_\_ **20** \_\_\_\_\_

**in the presence of (witness signature):** \_\_\_\_\_

**(witness name):** \_\_\_\_\_

**(witness address):** \_\_\_\_\_

\_\_\_\_\_