



**Isshinkai Association
British Aikido Board
Registration and Insurance Form**

THIS FORM MUST BE COMPLETED BEFORE PARTICIPATING IN THE FIRST LESSON

Club Name.....
Name..... Date of Birth.....
Address.....
..... Telephone No.....
..... Email Address.....

Have you ever practiced a Martial Art before? Yes , No ,
If so, please give details of style, affiliation and grade.....
.....

Do you hold a current Licence Yes , No ,
State from whom received:.....

Student's Personal Goals (minimum two in order of priority).....
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Do you suffer from, or have a history of any of the following (tick if yes)
Migraine , Epilepsy , Hay Fever ,
Diabetes , Nervous Disorders , Hemophilia ,
Respiratory Problems , Back Problems , Joint Problems ,
Any other, please give details.....

Have you ever received a conviction for a crime of violence Yes – No –
If yes, please give details.....

I accept that the practice of a Martial Art has a risk element of injury

Signature..... Date.....
(Signature of parent if under 18 years of age)

This form is completed under the transfer of Data agreement between the above Association and the British Aikido Board in accordance with the Data Protection Act 1998
THIS FORM IS COMPLETELY CONFIDENTIAL

Occupation.....

Emergency Contact No :