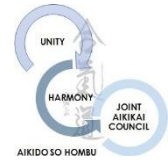


British Aikido Federation



Membership Form for _____

Information given on this form will be shared with and stored by the above named club, the British Aikido Federation (BAF) and the Joint Aikikai Council (JAC) and their insurers for the purposes of the performance of the contract being entered into regarding your membership with the BAF and your insurance through the JAC. For more information on how your information will be used, please see the **privacy notice for the BAF at bafonline.org.uk/privacy-policy**. Your personal details will be used for membership and insurance related purposes only and will not be disclosed to any third party nor will they be processed for any non-Aikido related purposes.

New Member Information

First Name	<input type="text"/>	Surname	<input type="text"/>
Date of birth	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>		
Telephone number(s)	<input type="text"/>		
Email address	<input type="text"/>		
Membership Type	Junior (under 18) <input type="checkbox"/>	Student <input type="checkbox"/>	Senior <input type="checkbox"/>
		Senior Citizen <input type="checkbox"/>	Family Group (3+) <input type="checkbox"/>

Declaration (*please read carefully*):

1. I declare that the information I have provided on this form is correct to the best of my knowledge. I commit to inform the Club Secretary of any change of this information.
2. I undertake to follow the codes of etiquette and practice described in the BAF membership book and available at bafonline.org.uk/conduct

Sign	<input type="text"/>
Print Name	<input type="text"/>
Date	<input type="text"/>

Aikido Club

Membership Form for _____

Information given on this form will be stored by the above named club only for the purposes of our legitimate interests in ensuring your safety and welfare during your Aikido training. For more information on how your information will be used, please see the privacy notice for the BAF at bafonline.org.uk/privacy-policy

Emergency Contact / Guardian

Aikido has an excellent safety record, but it is a martial art and accidents may occur. You are under no obligation to provide an emergency contact, however, doing so may be helpful.

Guardian details are required for Junior members.

First Name	<input type="text"/>	Surname	<input type="text"/>
Telephone number(s)	<input type="text"/>		
Relationship	<input type="text"/>		

Health Information

You are under no obligation to provide information about your health, however, if we have not been informed about an allergy or a medical condition which might affect your training, the safety of others, or be important to know in a first aid situation, we cannot be held liable for any adverse consequences.

Disabilities, long term health problems/medical conditions and allergies	<input type="text"/>
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Declaration (*...also to be signed by a Guardian for junior members*):

1. I declare that the information I have provided on this form is correct to the best of my knowledge. I commit to inform the Club Secretary of any change of this information.
2. To the best of my knowledge I am both medically and physically fit to undertake physical exercise and understand that aikido training can be physically demanding.
3. I give my explicit consent for the use of the information given above relating to my health for the purposes stated.
4. As **Guardian** of a junior member I have explained the above details to the junior in my care.

Sign	<input type="text"/>
Print	<input type="text"/>
Date	<input type="text"/>