



BERMUDA AIKIKAI

WWW.BERMUDAAIKIAI.COM

Adult Membership Application

Name: _____

Application Date: _____

Date of Birth: _____

Address: _____

Contact Numbers: _____

Email: _____

In case of Emergency Information:

1.) Name/Relationship: _____

Phone/Contact: _____

Other Martial Arts training and Rank: _____

Please use the back of this page to detail any health or physical issues that the instructors or membership of Bermuda Aikiaki should be aware of.

Please note that membership is a privilege and can be terminated by Bermuda Aikikai at any time if the instructor deems continued practice unsafe or unhealthy for the student or environment within the dojo. To confirm understanding please circle: yes or no

I have read both the USAF and the Bermuda Aikikai student handbooks and understand and agree to all policies and systems of conduct. Please circle: Yes or no

I have read, understand, and signed the Bermuda Aikikai waiver and release form. Please circle: yes or no

Social media consent - Please indicate if you are willing to let Bermuda Aikikai use your image (photos or video) in occasional social media posts.
Please circle: Yes, I am fine with that. No, please do not.

Signature: _____ Date: _____