



BERMUDA AIKIKAI

WWW.BERMUDAAIKIAI.COM

Children's Membership Application

Child's name: _____

Child's date of Birth: _____

Parent / guardian information:

Name: _____

Address: _____

Contact Numbers: _____

Email: _____

Please use the back of this page to detail any health or physical issues that the instructors or membership of Bermuda Aikiaki and 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 and explained to my child the USAF student handbook, the Bermuda Aikikai student handbook. I understand and agree to all policies and systems of conduct.
Please circle: Yes or no

I have read and understand 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 child's image (photos or video) in occasional social media posts.
Please circle: Yes, I am fine with that. No, please do not.

Name of parent / guardian: _____

Signature of parent / guardian: _____

Date: _____