



BERMUDA AIKIKAI

WWW.BERMUDAAIKIAI.COM

Minors in the Adult Program

Child's name _____

Child's date of birth: _____

Parent / Guardian name: _____

As a parent / legal guardian of a minor wishing to practice in the Bermuda Aikikai adult program or at a seminar that includes adults I acknowledge and understand that my child will be treated as an adult.

Both I, as the parent / guardian, and my child have read and understand the USAF student handbook, the Bermuda Aikikai Student handbook, and the Etiquette for Parents and Children document. We understand and agree with all policies and systems of conduct contained in each of those.

I also understand that as a member of the Bermuda Aikikai adult program that my child, if they wish to provide contact information, can receive dojo related emails and messages directly.

All other pertinent information and contact information can be found on our original membership application and waiver release form.

Signatures below indicate that we have read, understand, and agree with the above.

Signature of parent / guardian: _____

Signature of child: _____

Date: _____