

**AIKIDO INSTITUTE DAVIS  
STUDENT APPLICATION**

PERSONAL DATA: PROGRAM: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Parent's name (if student under 18): \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Education: \_\_\_\_\_

Present rank: \_\_\_\_\_ When obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dojo: \_\_\_\_\_

How did you find out about our school?  
\_\_\_\_\_

MEDICAL INFORMATION: (Will be kept confidential)

Emergency contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Hospital: \_\_\_\_\_

Medical insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Past injuries & weaknesses: (Circle). If none, state so.

Head/shoulders/knees/ankles/fingers/arms/vision/hearing/other

Describe: \_\_\_\_\_

Medical conditions: (Circle). If none, state so.

Convulsion/asthma/high blood pressure/hernia/diabetes/heart/allergies/other

Describe: \_\_\_\_\_

Medication: \_\_\_\_\_ For what: \_\_\_\_\_

Restrictions by doctor: \_\_\_\_\_

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**APPLICATION:**

*Instructions: Complete detail on reverse side, read and sign below then bring in, mail or e - mail to the Dojo with appropriate payment.*

I, the undersigned applicant of Aikido Institute Davis (hereafter referred to as "School"), acknowledge that I am applying for instruction in a martial art involving strenuous exercise and personal body contact. I acknowledge that the School carries limited liability insurance. As a condition to being admitted to the School, I assume the risk of any injury and illness and do hereby hold the School, its employees and agents harmless from any and all liability, including attorneys' fees and costs, for all claims, actions, damages due to injury or illness suffered by me or caused to third parties by me, arising out of activities involving Aikido, Tai Chi or Chi Kung or any variation thereof, whether occurring on the premises of the School or elsewhere, excepting only those claims, actions or damages caused by the gross negligence or intentional act or omission of any of them.

I agree to abide by the rules and customs of the School as codified in the Student's Handbook and to follow explicitly all instructions given by instructors during the course of my study. I have read and understood the Tuition Policy stated below.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is under 18 years old, parent or guardian must sign below:

Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Tuition Policy:**

1. Registration is not complete until tuition is paid.
2. New students are not allowed to train until registration is complete. Exception: children can try out the first class in the Juniors Program.
3. Tuition is due on the first day of the month/quarter irrespective of number of training days and irrespective of starting date. No bill is sent. Unpaid tuition is caused for termination of membership.
4. After the 5<sup>th</sup> of the month a late fee of 10% is added to the amount due.
5. Paid tuition is not refundable.
6. Pro-rated tuition: on or before the 15<sup>th</sup>, tuition is pro-rated for the current month; after the 15<sup>th</sup>, tuition includes the pro-rated current month plus next month.
7. A student can use only one of the applicable discounts.
8. Students who have been inactive for 3 months will be taken off the roll and must pay registration fees when they re-enroll.

**FOR OFFICE USE:**

Check No.: \_\_\_\_\_ Amount: \_\_\_\_\_ For: \_\_\_\_\_

Remark: \_\_\_\_\_

Enrolled by: \_\_\_\_\_ Accepted by: \_\_\_\_\_ Entered by: \_\_\_\_\_