

TAKEMUSU IWAMA AIKIDO EUROPE MEMBERSHIP APPLICATION FORM

(Please complete ALL sections of this form and return it to your Club Secretary/Teacher)

APPLICANT DETAILS	
Personal Details	
Forename:	
Surname:	
Gender	
Date Of Birth	(Month & Year Only)
Contact Details:	
Address:	
Town:	
County:	
Postcode:	
Phone Number:	
Email Address:	
Emergency Contact Details:	
Contact Name:	
Contact Phone Number:	
Training Details	
Club:	
Date Started with Club:	
Date Started Aikido:	
Current Grade:	
Current Grade Awarded By:	
Current Grade Award Date:	
Aikido, First Aid & Other Martial Arts Qualifications	
Do you hold a recognised Aikido Coaching Qualifications (Yes/No)?:	
If Yes Give Details:	
Certificate Number(s):	
Do you hold a First Aid Certificate (Yes/No)?:	
If Yes Give Details:	
Expiry Date:	



Have you trained in any other Martial Arts (Yes/No)?:		
Art:		
Grade:		
Art:		
Grade:		

You are required under the terms of the Aikido Alliance UK Insurance Scheme to declare to your Instructor material facts concerning any Medical or Physical conditions which you may have, and which he or she may have to consider in respect of the safety of yourself and of other students. Please give any relevant facts below:

DECLARATION

I wish to become a member of TIA Europe. If accepted i agree to be bound by the published etiquette guidance of the organisation. I have no objection to the above information being held on the TIAE database for Registration/Membership purposes.

Signed:	
(Signature of parent/guardian if under 18)	
Dated:	

THIS SECTION TO BE COMPLETED BY CLUB SECRETARY/TEACHER BEFORE SENDING TO REGISTRAR

TIAE Membership Number (From Green Pass Book):								
Senior:		Junior:		Concession:		Amount Paid:		£

Please return to your Club Secretary/Teacher

<http://www.takemusu-iwama-aikido.org>