

Castle Rock **AIKIDO** & **IAIDO** Registration Form



Name: (Please Print) Last, _____ First, _____ Male/Female _____ Date of Birth _____

Mailing Address _____

City / Town _____ State _____ Zip _____

Preferred Contact Phone _____ Secondary Contact Phone _____

e-mail Address (please print legibly) _____

Emergency Contact Name (required) _____ Relation _____ Phone _____

Your Occupation / Profession / Type of Work _____

Previous Martial Arts Experience? No Yes _____
 Style _____ Rank / Years _____

Do you smoke cigarettes? No Yes * * *

Do you have any allergies, physical limitations, medications or medical conditions of which the school should be aware with regard to your safety while training or the safety of others? If these limitations may affect your training or the training of others, you are responsible for making the class instructor aware of them.

No Yes
 If yes, please explain. _____

To help ensure the safety of all students in our program;
 Are you required to register with authorities as a sex offender? No Yes

Is there anything else we should know about you before beginning Aikido training such as medical/health conditions, recent motor vehicle accidents or injuries?

Office Use Only

Aikido

Iaido

Kendo

Kyudo

Cultural Art

Seminar

Guest

Other

We request the right to use any testimonial or photographic imagery of you in any or all promotional materials.

Please indicate your consent by initialing below:

Initials

Date

The information I have provided above, to the best of my knowledge, is true and correct.

Participant Name (Printed) _____ Participant Signature _____ Date _____

CRA Representative (Printed) _____ CRA Representative Signature _____ Date _____

How did you hear about Castle Rock AIKIDO?

Tear sheet flyer

Newspaper

Our web site: www.CRaikido.com

Internet Search Engine

Television Commercial

Other, please specify: _____

Did some one refer you to our Aikido school? Please name them so that we may thank them for their referral.
