



**APPLICATION FOR MEMBERSHIP**

PLEASE PRINT CLEARLY

BRITISH BIRANKAI DOJO Cocks Moorwoods Central Aikikai **Instructor:** Mark Pickering Sensei

MEMBERSHIP TYPE    Adult     Concession

STATUS     New     Renewal     Junior (under 18)

NAME \_Last \_\_\_\_\_ First \_\_\_\_\_ Sex:  Male  Female

ADDRESS \_\_\_\_\_  
\_\_\_\_\_ POST CODE \_\_\_\_\_

Tel No \_\_\_\_\_ Mobile \_\_\_\_\_ Email address \_\_\_\_\_

Date of birth \_\_\_\_\_ Date started Aikido \_\_\_\_\_  
Day/Month/Year Month/Year

Rank \_\_\_\_\_ Rank date \_\_\_\_\_ Examiner \_\_\_\_\_  
Month/Year

Previous Dojo \_\_\_\_\_ Previous Instructor \_\_\_\_\_

Ailments: *Please give a brief description (if any)* \_\_\_\_\_  
\_\_\_\_\_

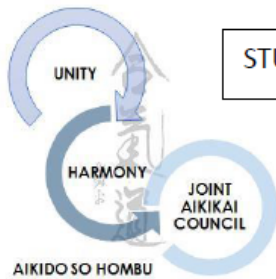
EMERGENCY CONTACT: NAME \_\_\_\_\_ TEL No \_\_\_\_\_

**YUDANSHA ONLY:**  
IAF No \_\_\_\_\_ Aikikai Member No \_\_\_\_\_ Registration date \_\_\_\_\_

**Data Protection Act**  
It is a requirement of the Data Protection Act 1998 that persons give their written authorization to have their details recorded. By signing below, you are allowing your personal details to be recorded both on the British Birankai (BB) database and the British Aikido Board (BAB) database. These databases are NOT distributed to any other third party and are not used for non-Aikido related functions. Failure to sign below will mean you cannot be a member of these Associations. Data may be supplied on request for Aikido purposes to the BB Technical Director based in California, USA. For persons under the age of 18 please ensure a parent or legal guardian signs on your behalf.

Signature \_\_\_\_\_ Electronically Signed \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

- Notes on the completion of this Membership Form**
1. All data supplied on this form will be used solely by the BB and the BAB for Aikido business.
  2. Items in bold **must** be completed.
  3. The 'Date of Birth' **must** be supplied if the practitioner is under the age of 18.
  4. 'Emergency Contact Name' and 'Emergency Contact Number' are required for health and safety purposes. Instructors have a duty of care to their students. This information will only be used in emergencies.
  5. 'Ailments' consist of long term injuries or illnesses that may affect your ability to practise.
  6. Data Protection Act. You are entitled to see your records by requesting them in writing from the BB Data Protection Officer (DPO) and enclosing a self-addressed stamped envelope. The address of the BB DPO is available to your instructor/representative. The BB DPO will respond to your request within 30 working days.



STUDENT INDEMNITY FORM

This form must be used to ensure that you are free from Covid-19 symptoms and pose a limited risk to others. Once completed please sign and date the form and send an e-version or give a paper copy to the dojo member responsible for registration.

NAME			
eMAIL		PHONE	
Last practice date			

VACCINATION RECORD	1 <sup>st</sup> Vaccination Date	2 <sup>nd</sup> Vaccination Date
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Are you currently diagnosed with or believe you may have Covid-19?	YES	NO
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Do you currently display any of the following symptoms?

	YES	NO
High Temperature (fever)		
A new or continuous cough		
Loss or change to your sense of taste or smell		
New unexplained shortness of breath		

Have you been in contact with a confirmed or suspected Covid-19 case in the last 10 days?	YES	NO	MAYBE
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If you have answered YES to any of these questions you should stay at home, inform your dojo and seek medical advice.

Signature <small>(written, typed, electronic)</small>	
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DATE	
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