



## Membership Registration

### Applicant Information

Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender/Preferred Pronouns: \_\_\_\_\_

### Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Health Information

Do you have any medical conditions or injuries we should be aware of?

☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to get out of Aikido? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is Applicant under 18 years old?

☐ Yes ☐ No

Parent/Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_