

Enrollment Agreement

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-Mail: _____

Emergency Contact: _____ Phone: _____

Medical History _____

General health (circle one): Excellent Good Fair Poor

Please note any medical conditions that New York Aikido Alliance should be aware of: _____

Are you presently taking any medication? If yes please explain. _____

Date of last physical _____ Physician Name: _____ Phone _____

Monthly Payments _____

The undersigned applicant agrees to pay the monthly dues at the beginning of every month. This agreement is in effect until the applicant submits in writing a letter of resignation, or requests a leave of absence in person or by mail thirty days prior to the said statement taking effect. NOTE: A late charge of 15% will be assessed for any fee past 10 days.

Assumption of Risk

The applicant desires to learn the art of Aikido notwithstanding their awareness of the possibility of incurring physical injury in the course of such study. The applicant, therefore, in consideration of being accepted as a participant by New York Aikido Alliance, its officers, instructors and agents harmless from any liability resulting from such study and practices.

The parent or guardian of an applicant who is a minor hereby agrees to hold the New York Aikido Alliance, , its officers, instructors and agents harmless from any liability resulting from the study and practice of said art. The parent or guardian of the applicant further agrees to bind their self, their heirs, administrators and executors to repay and indemnify the above named New York Aikido Alliance, its officers , instructors and agents may hereafter become liable to pay on behalf of the applicant for any reason.

Signature of Applicant _____ Date _____

ASK ABOUT OUR NEW STUDENT DISCOUNT!
NO CONTRACTS! • NO MINIMUM COMMITMENT!
Visitors are ALWAYS welcome!



New York Aikido Alliance Official Use
Monthly Dues _____
Received By _____
AWA Dues _____
AMOUNT PAID _____