

Please print legibly

Aikido of Champlain Valley Application Form Teen (13 through 17 years old)

Application Date: _____ Date of Birth _____

Student's Name: Last _____ First _____

Preferred Pronoun: He/Him She/Her They/Them

Parent/Guardian1: Last _____ First _____

Parent/Guardian2: Last _____ First _____

Home Address: Street _____ City _____ State _____ Zip _____

Primary Phone: _____ Email: _____

Secondary Phone: _____ Email: _____

Note: Email is the primary means by which we disseminate information about the dojo, including invoices for practice fees.

Would you like to receive important announcements via phone text messages?: Yes No

Emergency Contact Information:

Name: _____ Phone Number: _____ Relationship: _____

Our newsletters and other materials include photos taken during classes and events at the dojo.

Do we have your permission to publish photos in which your teen may appear?: Yes No

Background Experience and Health Issues

Aikido is a strenuous martial art; does your teen have any injuries or limitations we should be aware of?

How did you learn about our dojo? What influenced your decision to join?

Aikido training involves close physical contact, pins, and throws. If you have any special concerns about the nature of the practice, please let our chief instructor know if you would like to have a confidential conversation.

Liability Release

I, _____, hereby enroll my teen for instruction at Aikido of Champlain Valley
(Parent/Guardian Name) and agree to the following terms and conditions:

- 1). I am seeking instruction in Aikido for my teen, and I understand that it involves strenuous exercise.
- 2). I understand that infraction of safety rules or disrespect to instructors by my teen will result in an immediate termination of his/her practice at Aikido of Champlain Valley.
- 3). As a condition of my attendance and participation, I agree to release all claims of liability for injury, damage, or loss related to practice or instruction while training as a student at Aikido of Champlain Valley.
- 4). My signature below indicates that I understand that the practice of Aikido accompanies a degree of risk, and that I enroll my teen willingly.

Signatures:

Parent/Guardian _____ Date: _____

Student _____ Date: _____

Aikido of Champlain Valley does not discriminate on the basis of race, color, age, gender, and sexual orientation, national or ethnic origin in our educational or admissions policies. We are a 501c3 non-profit educational institution.

