



Aikido with mind and body coordinated

APPLICATION FOR REGISTRATION

Honolulu Ki Society
2003 Nuuanu Avenue
Honolulu, HI 96817
(808) 521-3513

info@honoluluki.org
www.honoluluki.org

I _____ (Print Applicant's Name),
hereby apply for registration as a student of Ki and/or Shin Shin Toitsu Aikido. In consideration of acceptance of this application I hereby relieve, and discharge the Honolulu Ki Society and their agents, servants, officers and officials, and all other participants with the stated activities of and from all claims, demands, actions, and causes of action of any sort, for injuries sustained to my person and/or property during my participation in the stated activities.

I enter freely and voluntarily into and elect to become associated with the Honolulu Ki Society, with the full knowledge that there is a possibility of injury as a result of Ki and/or Aikido training.

Signature of Applicant

Date

PARENT OR GUARDIAN CONSENT FOR APPLICANTS UNDER 18 YEARS

I, the parent or legal guardian of the applicant, hereby give my approval to participate in Ki and Shin Shin Toitsu Aikido training to the Honolulu Ki Society and agree to all foregoing provisions of this application, and waive and release all claims on behalf of the applicant.

Signature of Parent /Legal Guardian

Date

How did you hear of us?

- Friend/Relative
- Advertisement
- Website
- Other _____

DO NOT WRITE IN THIS BOX

Amount Paid

Check #

Date

Received by

Name (Last, First, Middle Initial)

Date of Birth

Address

Home Phone

Business/Cell Phone

Email

In case of Emergency call

Relationship

Phone

APPLICANT'S UNDER 18 PLEASE COMPLETE THE FOLLOWING INFORMATION

Mother's Name

Home Phone

Business/Cell Phone

Father's Name

Home Phone

Business/Cell Phone

Applicant's Age / School Grade

Mother's Email

Father's Email