



# AIKIDO in Fredericksburg

## Uchideshi Application

Please print neatly

Personal Information		
Name		DOB (M/D/YY)
Address		
City	State	Zip
Home Phone (with area code)		Cell Phone (with area code)
Email		Job or School
How did you learn about the uchideshi program at Aikido in Fredericksburg?		

Martial Arts Experience	
Style	Rank
School	Instructor
Have you ever been uchideshi before? <input type="checkbox"/> No <input type="checkbox"/> Yes (where and for how long?)	

Goals / Skills
What are your goals for being an uchideshi?
Do you have any special skills that might benefit Aikido in Fredericksburg?

Health & Safety		
Do you have any health limitations that would affect your ability to practice Aikido? <input type="checkbox"/> No <input type="checkbox"/> Yes (If so, please explain)		
Please list all medications that you take regularly		
Emergency Contact Name	Relationship	Phone and email
Do you have any dietary restrictions?		
Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give date and details		
Have you ever been institutionalized for mental illness? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give date and details		

Costs	Deposit*	Dates Requested
\$35/day	\$35	Arrival Date and time
\$150/week	\$75	Departure Date and time
\$400/month	\$200	
\$4,000/year	\$400	

\* Non-refundable and due with application (make check out to Aikido in Fredericksburg)

## READ THE FOLLOWING CAREFULLY - IT LIMITS OUR LIABILITY

I, the undersigned applicant to AIKIDO IN FREDERICKSBURG (hereafter called "School"), acknowledge that I am applying for instruction in a martial art involving strenuous exercise and personal body contact. I acknowledge that any insurance that the School may carry may not cover injury to its students. As a condition to being admitted to the School as a student, *I assume the risk of all injury and do hereby hold the School, its instructors, lessors, employees, volunteers, and agents harmless from any and all liability (including attorney's fees and costs) for all claims, actions, or damages due to injuries or illnesses suffered by me or caused to third parties by me, arising out of activities involving aikido, any variation thereof, or associated therewith, whether occurring on the premises of the School or elsewhere.*

I agree that the health, welfare, and safety of all students, members, and instructors of the School are of paramount importance. I certify that there is no medical reason to preclude me from training. I acknowledge that there is an inherent risk of exposure to Covid-19 in any place that people are present and I voluntarily assume all risks of exposure.

I certify that, other than as stated on the other side of this form, *I do not have and/or (in the last 10 days) I have not been exposed to a communicable, contagious, or other health condition that poses a legally or medically-recognized risk of harm to other students, members, or instructors of the School. If this changes in the future, I shall inform the School in writing and shall cease attending unless mutually agreeable proper precautions are taken.* I certify that I do have health insurance coverage.

I agree to abide by the rules of the School and to follow explicitly all instructions given by instructors during the course of my instruction. I agree to provide the School written notice if my address or contact information changes. I permit the School to send me communications at the above addresses. I permit the School to use any photos or other recordings in which I may appear. I understand that (a) training is a privilege, (b) the School may refuse to provide instruction to any person at any time, and (c) fees paid are not refundable.

I agree to use Aikido techniques for self-defense and not aggression towards others.

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

*If student is under eighteen (18) years of age, parent or guardian must sign here.*

I, the undersigned, as parent or guardian of the above applicant, certify that I have read the above application and I consent to the applicant's receiving the instruction applied for and I agree to the provisions of the contract for myself and said applicant.

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