



THE AIKIDO OHANA: APPLICATION FOR MEMBERSHIP

THE AIKIDO OHANA
HIGASHI HONGWANJI MISSION OF HAWAII
1685 ALANEO STREET
HONOLULU HI 96817-2915

Name: Membership Type (circle one): Adult | Child (under 18)

Address:

Home Phone: Daytime Phone:

Cell Phone: E-mail address:

Name of Employer: Phone Number:

Address:

Medical Insurance:

Member Number: Policy Number:

Doctor's Name: Phone Number:

Physical limitations, special medical conditions, allergies:

Emergency Contact: Relationship:

Phone Number 1: Phone Number 2:

Parent or Guardian's Name (under 18 only):

Phone Number 1: Phone Number 2:

Release and Waiver of Liability:

In consideration of acceptance as a student to learn the martial art of Aikido, I hereby for myself, my heirs, executors, administrators and assigns waive and release any and all rights and claims for damages that I might or could have against The Aikido Ohana (TAO) and Higashi Hongwanji Mission, their agents, representatives, successors, or assigns, for or by reason of any and all injuries and/or physical disabilities suffered by me at any time as a result of or during Aikido practice or events in which I may participate. **As a condition of membership, I must carry and maintain my own health and accident insurance.** (In the case of an applicant who is a minor, the undersigned parent/guardian waives and releases all claims on behalf of the applicant and represents that the minor is covered by appropriate health insurance.) As long as I am a member of The Aikido Ohana, I agree not to teach Aikido without proper certification from The Aikido Ohana.

Signature: _____ Print Name: _____ Date: _____