

# AIKIDO OF BOMBAY

## Registration Form (Please type or print)

The information requested below will help us communicate with you efficiently and help us to ensure a safe and effective practice of Aikido for all members. Please fill out the form thoroughly and completely.

Name  Age

Address

Home phone  Mobile

Email

Previous martial arts experience

Ranks held

List any on-going health issues you might have

Please give the name and phone number of someone to contact in the event of an emergency

I, the undersigned, understand that the practice of martial arts is a physically vigorous and potentially dangerous endeavor where physical injury may occur. While the instructors of Aikido of Bombay will make every effort to make the practice safe, I understand that injuries may occur and I take full, personal responsibility for all risks associated with the practice of aikido at the Aikido of Bombay dojo. I release from responsibility the instructors and fellow members of Aikido of Bombay, and the American School of Bombay and its representatives, from any liability in the event of personal injury to myself.

I agree to abide by the rules and etiquette of the dojo as outlined in the beginner's handbook. I also agree to abide by the rules of use of the facility as set forth by the American School of Bombay.

Signature \_\_\_\_\_ date \_\_\_\_\_

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### Aikido of Bombay Security Card Request

Name

Address

Phone

Emergency Contact

Please attach two  
passport size pictures for  
an AOB ID card.