



AIKIDO of Champlain Valley

ADULT APPLICATION FORM (18 years or older)

In order for this application to be considered, it must be completed in full.

Name of Applicant:

Date:

Address:

Date of Birth:

Home Phone:

Gender:

Occupation:

Work Phone:

School/University:

e-mail:

How did you hear about ACV? Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Demonstration at _____ |
| <input type="checkbox"/> Poster/Flyer | <input type="checkbox"/> Newspaper ad in _____ |
| <input type="checkbox"/> Word-of-Mouth/Friend _____ | <input type="checkbox"/> Drive-by/Walk-by _____ |
| <input type="checkbox"/> website: www.aikidovt.org | <input type="checkbox"/> Other (please describe) _____ |

Do you have martial arts experience? Include discipline, instructor, dojo address, years of training and rank.

What do you hope to learn by practicing Aikido?

Health and Well-Being Information

You may request to disclose this information in private.

Do you have any mental health or emotional issues that may make it difficult for you to follow directions?

If yes, please describe:

Do you have a history of impulse control and aggressive behaviors?

If yes, please describe:

Do you have any emotional/behavioral challenges that would be important for us to know about in order for you to be successful at Aikido? These may include but are not limited to a history of abuse and/or post traumatic stress disorder (PTSD), etc.

Aikido is a strenuous martial art which requires a moderate degree of flexibility and physical strength. Before joining, please consult a physician if you have pre-existing conditions or have not been exercising regularly.

Do you have any injuries, either acute or chronic?

If yes, please describe:

Do you have any allergies (for example, medications, food, or bee sting)?

Are you pregnant? Are you at risk for heart failure or do you have a history of heart problems in your family? Are you currently under the care of a physician for any condition relevant to the practice of Aikido?

If you have any of the above conditions, please describe:

Are you taking any medications which may impair your ability to perform strenuous physical activity, follow directions, or may affect your ability to safely practice Aikido?
If yes, please describe:

Do you have a criminal record? If yes, please explain.

If you are currently seeing a therapist or counselor, would you like the Chief Instructor to discuss goals and concerns with them with regards to your Aikido practice? If yes, please sign the following disclosure. This will allow the Chief Instructor to communicate relevant topics regarding your Aikido practice with your mental health provider.

Confidentiality Disclosure:

I, _____, give permission to Benjamin Pincus, Chief Instructor at Aikido of Champlain Valley, the right to confidentially discuss relevant health, emotional and behavioral issues pertaining to participation in the martial art of Aikido with a therapist or mental health counselor.

Signature: _____ Date: _____

Name of Authorized Instructor at Aikido of Champlain Valley: _____

Mental Health Provider Information

Name: _____ Agency (if applicable): _____
Telephone number: _____
e-mail: _____
Fax: _____
Address: _____

Emergency Contact

In the event of an emergency, please indicate whom we should notify.

Name: _____ Phone: _____
Address: _____ Relationship: _____

Monthly membership dues are due on the first of each month, and a \$15 late fee will be added to any payment made after the 15th of the month. Membership dues are not refundable. If you register for the Electronic Fund Transfer Program, you will receive \$10 off monthly membership dues and avoid late fee payments. Please contact us if you need financial assistance.



AIKIDO of Champlain Valley

Liability Release

I, _____, hereby apply for instruction at Aikido of Champlain Valley, and hereby agree to the following terms and conditions:

1. I understand and acknowledge that I am seeking instruction in Aikido, a martial art that involves strenuous exercise.
2. I understand that the instructor, or anyone authorized to act in his/her stead, has the right to terminate my participation for any infraction of safety regulations, willful disobedience, or disrespect shown to any instructor, or for ANY conduct which is deemed detrimental to or inconsistent with the high principles and spirit of Aikido. This includes but is not limited to the use of alcohol, narcotics, stimulants or non-prescription drugs, prior to or during a class.
3. As a condition of my attendance and participation, and in consideration thereof, I hereby agree to release, indemnify its instructors, employees or agents and/or servants thereof, from any and all liability for any injury, damage or loss which I may incur while training, during the course of any instruction, or in any other activity conducted by Aikido of Champlain Valley.
4. I represent as part of this application that I am more than 18 years of age (if not, release must include signature of parent/guardian) and of sound physical and mental health and condition. I understand and agree that if I am suffering from any injury or experience pain or discomfort during the course of any instruction, training or exercise, that it is my responsibility to cease that activity and bring this circumstance to the attention of the instructor immediately. I also understand that if I have any prior physical/mental/emotional conditions that may affect my safety or the safety of others, I must inform the instructor preceding my enrollment and practice. I hereby freely acknowledge that I have disclosed any and all past or pending violent and/or sexual criminal charges filed against me.
5. I hereby agree to these terms and promise and covenant for myself, and my heirs and assigns, that my training at Aikido of Champlain Valley is solely my responsibility and that I am assuming all risk of any injury or damage to myself.
6. I have read this document, and all of its terms, and acknowledge that I fully understand the terms and conditions of participation.

Signed: _____ Date: _____
(If student is younger than 18 years, signature of parent/guardian)

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 501(c)(3) non-profit educational institution.