



AIKIDO of Champlain Valley

Samurai Youth Program Application

Applicants ages 5-12 and 13-17 years old

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

Name of Applicant:

Date:

Names of *all* Parents/Guardians/Case Workers (list the names and titles of all guardians)

E-mail and telephone number(s) of applicant and all guardians:

Date of Birth:

Gender:

School/Residential home/home schooled
(List school if relevant) _____

Primary address:

How did you hear about ACV? Please check *all* that apply:

- Brochure
- Poster/Flyer
- Word-of-Mouth/Friend _____
- Website: www.burlingtonaikido.org or samuraiyouth.org
- Referral through a school/social service agency: _____
- Social media (ACV blog, Facebook, links, etc.): _____
- Demonstration at: _____
- Newspaper ad in _____
- Drive-by/Walk-by
- Other (please explain) _____

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

What do you hope to learn by practicing Aikido?

Is English your primary language?

If not, what is your primary language and/or your family's primary language?

Health and Well-Being Information

You may request to disclose this information in private.

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

If yes, please describe:

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

If yes, please describe:



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Do you have any learning challenges that would be important for us to know about in order for you to be successful in Aikido?

Aikido is a strenuous martial art involving throwing and pinning techniques. Please consult a physician if you have pre-existing conditions or have not been exercising before joining.

Do you have any injuries, either acute or chronic?
If yes, please describe:

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

Are you pregnant? Are you at risk for heart failure or do you have a history of heart failure 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 on any medications which may impair your ability to perform strenuous physical activity or may affect your ability to safely practice Aikido?

If yes, please describe:

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 permit the Chief Instructor to communicate relevant topics regarding your Aikido practice with your mental health provider. ***Communication with your therapist or counselor is required if you are currently in a residential placement.***

Confidentiality Disclosure:

I, _____, give permission to an authorized teacher 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.

Signature of Parent or Guardian: _____ Date: _____

Mental health Provider Information

Name:

Agency:

Telephone Number:

E-mail and FAX:

Name of authorized instructor at Aikido of Champlain Valley:



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Samurai Youth Program Promises:

Please sign below, demonstrating that you have read and understand the following promises. If you break any of these promises, you may be asked to leave the program.

- *I promise never to use physical Aikido techniques outside the dojo unless absolutely necessary.*

Remember that the highest goal of a martial artist is to prevent fights from happening.

- *I promise I will never come to the dojo under the influence of drugs or alcohol.*
- *I promise to take care of my body so that I can protect myself and others at all times.*

Signature of Applicant: _____ Date: _____

Emergency Contact

In the event of an emergency, please indicate whom we should notify. If applicable, please include school/social service agency contact in addition to all parents and guardians.

Name and relationship:

Telephone number:

Address:

e-mail:

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 in order to pay dues or purchase a uniform. Ask about our scholarship program – we offer scholarships for eligible children and teenagers ages 7-17.



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Samurai Youth Program 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 physical 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 under 18 years of age 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 health/emotional conditions that may affect my safety or the safety of others, I must inform the instructor preceding my enrollment and practice.
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 by Custodial Parent or Guardian: _____ Date: _____



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Samurai Youth Program Photo and Publicity Release (for all students under 18 Years of Age)

I hereby grant to Aikido of Champlain Valley, the Samurai Youth Program, and its employees, agents, assigns, and sponsors (including King Street Center) the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

SYP participant's Name:

I certify that I am a custodial parent/guardian and have the aforementioned rights to assign.

Signature of
Parent or Guardian: _____

Date: _____

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.