

# Musubi Aikido Registration Form



All personal contact & medical information provided will be treated in confidence.

Student Name:		Address:		
Tel. No.:		E mail:		
Next of Kin Name:		Address:		
Tel. No.:				
Please list any prescription or non-prescription medicines that you are taking, and what they are for:				
Please list any history of surgeries, major illnesses, chronic conditions, accidents, injuries or psychiatric care you have had and the approximate dates. If any are still current please indicate:				
If you have practised aikido or other martial arts before, please give brief details:				
BAB Insurance No.:		Expiry Date:		TIAE Membership No.:
Where did hear about the class?			Please specify:	
Newspaper or magazine?				
Internet?				
Notice board?				
Other?				
How would you rate your level of fitness?		High	Medium	Low