

AIKIDO OF PITTSBURGH
Registration Form

Name (include Guardian, if under 18): _____

Date of Birth: _____

Address: _____

Telephone: _____

Email: _____

Emergency contact (name and telephone): _____

Do you have any prior martial arts experience? YES NO
If yes, please briefly list style and length of training

Do you have any medical problems or other conditions of which the instructor should be aware? YES NO
If yes, please describe

How did you learn about Aikido of Pittsburgh?

Newspaper or Periodical

Poster or Flyer

Yellow Pages

Personal Contact

Web page

Other _____

ACKNOWLEDGEMENT / WAIVER

I acknowledge that Aikido is a physical activity and that there are certain elements of risk associated with studying and/or practicing Aikido. I understand that these risks include, but are not limited to: falling incorrectly, and accidental contact with another student. I have no medical or other conditions which should preclude me from studying and/or practicing Aikido. Except for claims arising from intentional misconduct and negligence, I knowingly and expressly waive any claim for injury related to my Aikido workouts which I, my heirs, successors, or assigns may have against Ruriko M. Harris (Masutani), Aikido of Pittsburgh, and its agents, representatives, trustees, officers, instructors, and/or employees.

Signature of Student (or guardian if under 18): _____

Date: _____

Signature of Witness: _____

Date: _____