



# Youth Enrollment Application

..... Last Name	..... First Name	..... Middle Initial	..... Date of Birth
..... Street Address	..... City	..... Zip Code	
..... Telephone	..... E-mail		
..... School	..... Physical Defects (if any)		

## In Case of Emergency, Contact

..... Last Name	..... First Name	..... Relationship
..... Street Address	..... City	..... Zip Code
..... Referred by (website)	..... <input type="checkbox"/> AIA Website <input type="checkbox"/> Google <input type="checkbox"/> seidokan.org <input type="checkbox"/> Other	

## Release of Liability & Assumption of Risk | RE: Aikido Institute of America

1. I, .....  
 (*Name of Parent or Guardian*) the parent/guardian of  
 .....  
 (*Name of Student*) do hereby permit him/her to Seidokan Aikido at the Aikido  
 Institute of America at all of its training centers and activities.

2. I have observed and fully understand the nature of the training program and  
 hereby release and discharge the Aikido Institute of America, all of its training-  
 centers, instructors and officers from any liability whatsoever, resulting from or  
 in any manner arising out of any injury or damage which may be sustained to me  
 or my property on account of my participation and/or transportation connected  
 there with in said activity.

..... Signature	..... Date
--------------------	---------------

### FOR OFFICIAL USE ONLY

..... Application Reviewed & Approved By (Name)	..... Date
..... Tuition Received (yes/no)	..... <input type="checkbox"/> Monthly <input type="checkbox"/> 3 Months <input type="checkbox"/> Mat Fee