



合氣道心柔會 AIKIDO SHINJU-KAI



Officially recognized by Aikido World Headquarters, Japan.
Mailing Address: Toa Payoh Central Post Office P.O. Box 329, Singapore 913111

Website: www.aikidoshinjukai.com Email: hq@aikidoshinjukai.com Tel: (65) 6256 0111 HP: (65) 9681 3111 / (65) 9092 9111 Fax: (65) 6842 0881

MEMBERSHIP APPLICATION FORM

(To be filled in by ASK Office)

PRINCIPAL DOJO: _____ CLASS DAY & TIME: _____

DATE JOINED: _____ (dd/mm/yy) ASK M'SHIP NO: _____

(Please write in BLOCK LETTERS)

ENGLISH NAME: _____ (Family Name) _____ (Given Name)

CHINESE NAME: _____ GENDER: MALE [] FEMALE []

DATE OF BIRTH: _____ AGE: [] NATIONALITY: _____

ADDRESS: _____

POSTAL CODE: _____ CONTACT NO: HP: _____ HOME: _____

EMAIL ADDRESS: _____

PREVIOUS MARTIAL ARTS EXPERIENCE AND GRADE: _____

PREVIOUSLY REGISTERED AS MEMBER OF AIKIDO SHINJU-KAI: YES [] NO [] _____ (Date Joined)

DO YOU HAVE ANY PAST INJURIES, MEDICAL CONDITIONS / MEDICAL HISTORY : YES [] NO []
(eg: Heart Disease, High Blood Pressure, Diabetes, Asthma, Allergies, fractures etc)
(If yes, please specify) : _____

HAVE YOU EVER BEEN CONVICTED IN THE COURT OF LAW FOR ANY CRIMINAL OFFENCE? : YES / NO
(If yes, please specify) : _____ [] []

By signing this form, I hereby confirm my membership application and certify that I understand and agree to all the stated Terms and Conditions. I also declare that the processing and declaration of all my personal data are true and correct.

CONSENT, DECLARATION AND INDEMNITY

- I accept personal responsibility and agree that Aikido Shinju-Kai (ASK), Shinju-Kai International Pte Ltd (SIPL), its affiliated organizations, partners and governing bodies, their officers, instructors and personnel, other members of the organizations, participants, supervisors, coaches, sponsoring organizations or their agents or any related parties will not be held liable or responsible for any form of loss or damage on any/all claims, demands, losses and damages which may be sustained and suffered on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of myself/my child or otherwise.
- I recognize and accept that I enter martial arts training entirely of my own free will and understand the importance of following the rules of training.
- I certify that I am in/my child is in good physical condition, and have no disease, injury or other condition that would impair my performance or physical and mental well-being during training practice. If I have any injuries or illnesses that could affect my ability to participate, I will notify the organization and instructor, and discuss the appropriateness of martial arts training with my or my child's doctor.
- Grant permission in the case of emergency injury which warrants medical attention, to allow a doctor, nurse, athletic training or other emergency medical personnel to provide me or my child with medical assistance or treatment for such injury. The cost of any treatment or hospitalization arising from injury during training shall not under any circumstance be paid by Aikido Shinju-Kai (ASK), its affiliated organizations and governing bodies, their officers, instructors and personnel, other members of the organizations, participants, supervisors, coaches, sponsoring organizations, partners or their agents.

PRIVATE POLICY

- In accordance with the Personal Data Protection Act 2012, I consent to the collection, use of my personal data by ASK and/or any ASK-Authorised Party for the purpose of membership related matters.
- I agree to receive marketing and communication promotions, event and activities conducted by ASK and/or any ASK-Authorised Party.

Terminology – (1) "ASK" means Aikido Shinju-Kai. (2) "Data" means any information relating to me, whether in the possession of or as provided from time to time to any ASK-Authorised Party. (3) "ASK-Authorised Party" means any of the following party/parties whether located in Singapore or elsewhere: (i) Aikido Shinju-Kai in China or its related companies, e.g. Shinju-Kai International Pte Ltd in Singapore (collectively, "Company"); (ii) the Company's potential or existing third party service providers, its affiliated organizations, contracting partners & agents; (iii) any governmental or regulatory authority or its related entities of any jurisdiction ("Authority"); and/or (iv) any other party listed in the prevailing ASK Privacy Policy. (4) For the existing ASK Privacy Policy, you can visit our website www.aikidoshinjukai.com for further details on our data protection policy.

*APPLICANT'S SIGNATURE: _____ DATE: _____

**If below 21 years old, to be signed by parent or guardian :*

Parent's / Guardian's Name & Signature: _____ Full Name _____ Signature _____

* Aikido Shinju-Kai reserves the rights to reject your application without any reason given.

For Official Use Only Invoices No. & Date issued: _____ Issued by: _____

<input type="checkbox"/> One-Time Registration Fee: _____	<input type="checkbox"/> Training Fee: _____	<input type="checkbox"/> Dogi Type & Size: _____	Dogi Fee: _____
<input type="checkbox"/> 2 Photographs	<input type="checkbox"/> Handbook Issued	<input type="checkbox"/> Membership Book	Total Fees: _____
			Authorization: <input type="radio"/> Approved <input type="radio"/> Not Approved



2 recent passport-size photographs required.