



Vancouver West Aikikai Children's Membership form and Photo Consent

Child's Information

Last Name: _____

First Name: _____

Birth Date(DD/MM/YYYY): _____

Street: _____

Town: _____

Postal Code: _____

Parent/Guardian Contact Information

Home Phone: _____

Work Phone: _____

Mobile Ph: _____

E-Mail: _____

Parent/Guardian Emergency Contact

Name: _____

Phone: _____

Medical Contact

Doctor's Name : _____

Doctor's Telephone Number: _____

Medical Information

Medical Condition(s) / (if impacted by practice of Aikido):

Medication (s) / (if impacted by practice of Aikido):

Aikido Information

Aikido Start Date: (DD/MM/YYYY) _____

Start Date at Vancouver West Aikikai: (DD/MM/YYYY) _____

Previous Sensei(s): _____

Previous Dojo(s): _____

Misc Information on participant: _____

Photo Consent: (If you do not wish to allow us to use your child's photo, do not sign this section)

Occasionally photographs of your child may be taken during the programs offered at the Dojo. Your authorization to use these photos in Dojo publications (brochures, newsletters, flyers, DVD's and/or web site) is requested and would be greatly appreciated. The publications and web-site are used to promote the art of Aikido in general and the various programs the Dojo offers in specific.

I hereby grant Vancouver West Aikikai Dojo Society permission to use photos and/or video footage of my child taken during his/her participation in the Aikido program(s) for media/publicity purposes. I understand that **at no time will my child's name or any other identifying information be used in conjunction with the photos.**

Child's name: _____

Parent/Guardian (print name): _____

Signature: _____

Date: _____