



# Aikido Multnomah Aikikai

**Aikido Multnomah Aikikai**  
6415 SW Macadam Avenue  
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(503) 246-8120

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Web site: [www.multnomahaikikai.com](http://www.multnomahaikikai.com)

## Application for Membership

**Circle Appropriate Type:** Adult ♦ Student ♦ Teen ♦ Child ♦ Iaido ♦ Supporting Member ♦ Visitor

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_

\_\_\_\_\_

Telephone (work) \_\_\_\_\_

\_\_\_\_\_

Telephone (cell) \_\_\_\_\_

Email Address \_\_\_\_\_

### In case of emergency, please notify:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone (home) \_\_\_\_\_

Telephone (work) \_\_\_\_\_

Rank in Aikido \_\_\_\_\_

Previous Aikido Instructor \_\_\_\_\_

Date began training \_\_\_\_\_

Other martial arts training \_\_\_\_\_

Other movement arts \_\_\_\_\_

Health problems, injuries \_\_\_\_\_

How did you hear about this school? \_\_\_\_\_

**IMPORTANT: Read and sign the statements on the back of this form. Incomplete or unsigned forms will not be accepted.**



Signature of Chief Instructor \_\_\_\_\_ Date \_\_\_\_\_

## I. Statement of Health (read and sign)

I hereby certify that I (or my child or my ward) has no health problems that would endanger themselves or other students or instructors of Multnomah Aikikai during the practice and study of Aikido. I further certify that should any such health problems develop that I (or my child or ward) will inform the instructor of the class before participating in any class, demonstration or other activities conducted under the auspices of Multnomah Aikikai.

Signature of Adult (or Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

## II. Waiver and Release (read and sign)

I have been informed of the physical nature of the study and practice of the martial art of Aikido. I understand that the study of the martial art of Aikido necessarily involves bodily contact and strenuous exercise. I understand that because of this there is an inherent risk of injury that cannot be eliminated. I understand that by undertaking the practice and study of the martial art of Aikido that I am assuming the risk of possible physical injury to myself (or my child or ward). I understand these risks involved in the study and practice of the martial art of Aikido, and I hereby indemnify, hold harmless, release and forever discharge Multnomah Aikikai, its instructors and students, and the owner(s) of the property, from any and all claims which I or my estate may have which are directly or indirectly based on any injuries or health problems that result from or occur during or develop subsequent to my (or my child's or ward's) participation in classes, demonstrations or other activities conducted under the auspices of Multnomah Aikikai. I agree that any controversy or dispute I might have with Multnomah Aikikai arising out of any injuries or health problems associated with my presence and/or participation in any activities conducted under the auspices of Multnomah Aikikai shall be resolved by binding arbitration in accordance with the then effective rules of the Arbitration Service of Portland, Inc.

Signature of Adult (or Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

## III. Policy Regarding Membership Dues (read and sign)

1. The purpose of monthly membership dues has always been, and continues to be, to support the continued existence of the dojo as a place to train in Aikido. Dues are not payment for lessons or classes on an hourly, daily or weekly basis.
2. Membership dues are payable by the 1st of each month.
3. Students who anticipate having difficulty paying dues should speak with the office manager PRIOR TO THE 1st OF THE MONTH about special arrangements.
4. In case of late payment without prior communication with the office manager:
  - a. In the first instance that a student is late making their dues payment (i.e., payment arrives after the first of the month), that student will be ineligible to train for one week.
  - b. In the case of a second instance, that student will be ineligible to train for two weeks.
  - c. In the case of any additional instances, that student will lose their membership in the dojo.
5. If you are using a service that automatically mails your dues checks to the dojo, please arrange for the checks to be mailed in time to arrive on or before the first of the month.
6. If you anticipate having trouble paying your dues because of financial difficulties, please speak with the office manager as soon as possible about special arrangements. We will make every effort to prevent any interruption in your training.

If you have any questions regarding these policies, please see the dojo office manager.

Signature of Adult (or Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_