

BRUNEI DARUSSALAM AIKIDO FEDERATION

PHOTO

Membership No: _____

ADULT REGISTRATION / MEMBERSHIP FORM

Please write clearly (IN CAPITAL LETTERS). Thank you.

Personal

Full Name: _____ Sex: _____ Race: _____

I.C. No: _____ Date of Birth: _____ Martial Status: _____

Nationality: _____ Office Tel: _____ Mobile: _____ Home Tel _____

Email: _____ Home Address: _____

Hobbies: _____ Martial Art Experience, Style: _____ Year/s: _____

Dojo Enrolled: *Darussalam Aikido Dojo, Menglait Sports Complex, Gadong.* Date Joined: _____

Occupation: _____

Office Address: _____

In Case of Emergency:

Next to kin's

Name: _____ Relation: _____

Home Address: _____

Contact No: Home Tel: _____ Office Tel: _____ Mobile: _____

WAIVER AND INDEMNITY

I apply to participate in the training of AIKIDO at the above mentioned premises or at other any premises conducted by Darussalam Aikido Dojo of Aikido Federation (Brunei) at my/our own risk and hereby will not hold Darussalam Aikido Dojo of Aikido Federation (Brunei), its instructors, assistants, partners and other organising bodies **LIABLE** for any bodily injuries and accidents occurs whist in training or taking part in demonstration in the art of Aikido whatsoever conducted at the above mentioned premises or at any other premises.

I shall indemnify Darussalam Aikido Dojo of Aikido Federation (Brunei), its instructors, assistants, partners and other organising bodies all proceedings and liabilities whatsoever which may taken or made against by reason of claim or action of whatsoever nature which may be brought by me or on my behalf in respect of the foregoing.

Date: _____ Applicant's Signature: _____ Approved by (i) _____

Approved by (ii) _____