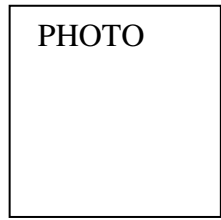


BRUNEI DARUSSALAM AIKIDO FEDERATION

PHOTO



Membership No: _____

CHILDREN REGISTRATION / MEMBERSHIP FORM

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

Personal

Full Name: _____ Sex: _____ Race: _____

I.C. No/ Passport No: _____ Date of Birth: _____ Nationality: _____

Home Address: _____

Home Tel: _____ Mobile: _____ Email: _____

School Address _____ Grade/Level: _____

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

In Case of Emergency:

Next to kin's

Name: _____ Relation: _____

Home Address: _____

Home Tel: _____ Off ice Tel: _____ Mobile: _____

WAIVER AND INDEMNITY

I, (*Parent / Guardian) _____ I.C No: _____ agree to give consent to the above mentioned minor 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 organizing 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 organizing 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: _____ Guardian's/
Parent's Signature: _____ Approved by (i) _____

Approved by (ii) _____