

Aikido Bismarck

Registration and Student Information - Youth

Student Name, Age, Date of Birth:

Parent(s) Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Mobile Phone: _____ Texts OK? _____

Email address(es) to receive information, updates, class cancellations. (**very important that this is current and valid**): _____

Previous martial art experience: _____

Describe your goals regarding learning and training in Aikido? _____

How did you hear about us? _____

Please list any relevant physical or health conditions of the participants that we should know about before we begin training Aikido together...

Do you have any neck, shoulder, wrist or other joint problems or past injuries? ___ No ___ Yes *

Do you have now or have you ever had problems with dizziness? ___ No ___ Yes *

Have you had a concussion in the past year? ___ No ___ Yes *

Are there any other concerns? ___ No ___ Yes *

* Please further explain any "yes" answer:

We Fill
this Out:

Start Date: _____

Tuition Pd (note if discount or prorated): _____