



Aikido Development Society

A Member of The British Aikido Board
(The Governing Body for Aikido in Britain)

This page is to be sent to the association

Along with payment

Chairman:	Stephen Billett	6th Dan
Treasurer/ Licensing Officer / Child Protection :	Ann Billett	2nd Dan
Secretary:	Stuart Adams	2nd Dan

Membership Application : New / Renewal Form for Adult / Child (Delete – as required) Fee Paid.....

Name Date of Birth

Address

Post Code Tel No

Email Mobile No

Club Instructor

Grade Date Grade Awarded

(5th Kyu etc. Leave Blank if Beginner)

Note To All Prospective Members

Aikido is a Martial Art. Members are warned that there is always a possibility of personal injury, no matter how controlled the class. It is the member's responsibility to ensure that their licence is current prior to any training as failure to hold a current licence could jeopardise any insurance claims. All members are licensed through the British Aikido Board.

Data Protection

The personal data you provide may be held by your Club and the Aikido Development Society. The basis on which your Association, your Club and the British Aikido Board (BAB) the Governing Body of Aikido in the UK processes your personal data is their legitimate interest in the following: administration purposes in managing a sports club/association, maintaining accurate membership records, safeguarding of members, obtaining insurance through BAB membership, informing members of news and information about the BAB and Aikido in general.

The BAB is the only third party with whom we share any of your personal data. The association will provide the BAB with your personal details when first applying for, or renewing, your BAB membership and other details in instances where it is necessary for the BAB's functioning as a national governing body.

You have the right to request a copy of your personal data and other rights such as erasure or correction of your personal data, as well as the right to make a complaint to the Information Commissioners Office. For further details see the BAB Data Protection Policy and Information Security Policy which is available at www.bab.org.uk. The policies also summarises the approach to retention of personal data.

The BAB has a Data Protection officer who you can contact if you have any enquiries at the following email address: dpo@bab.org.uk

License Type

Child	Student	Full Instructor	Coach Cert No
<i>(Delete – what's not required)</i>		Child Coach	DBS No / Appln No

Members Declaration

I accept that neither the Instructor nor the Aikido Development Society can be held liable for any injury, which occurs during a properly supervised class. On joining the Aikido Development Society, I agree to accept the Society's rules available from the ADS website and accept that the practice of Aikido involves the risk of injury.

Signed Date *(To be signed by guardian if under 18)*

For Official Use Only

Date Received	Payment Received
BAB Licence Number	Expiry Date OnDb.....



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Member Details

Name Date of Birth

Email Tel No

Email(2) Mobile No

Emergency Contact Details

Contact Name

Mobile No Tel No

Relationship

Medical Details

It is vital for your own safety that any relevant medical conditions are disclosed to your coach.
(For example: Asthma, Epilepsy, Heart Disorders, Back and Sports Injuries, etc.)

Full disclosure is important for your own well-being and for insurance purposes. Further details concerning BAB insurance cover can be obtained on the BAB website www.bab.org.uk.

Member Acknowledgement and Consent for Provision of Health Data

I acknowledge that Aikido is a Martial Art. I have disclosed above all relevant health problems and obtained medical advice to practice Aikido where necessary.

I understand that this health information is necessary for health and safety purposes, and for personal safeguarding, so that Club Instructors are able to look after my wellbeing and safety during training. I understand that any injuries or illnesses that affect my ability to practice must be brought to the attention of the Instructor before training, or during class if a new injury arises.

I consent to my Club processing the health data I have provided above and confirm I understand the specific purpose for which it will be used.

Signed By (Parent if under 18) **Date**

Photography

During Aikido training, 'action' or 'group' photographs or video may be taken, please indicate here if you do not wish images to be taken of yourself or child. Yes/No (Delete – As required, Also please advise your club instructor)

Club Member Contact

The club will on occasion contact you by Email, SMS and other Social Media regarding venue closure and events, Please confirm this is acceptable : Yes / No