

AIKIDO SHOSHINKAN



Samurai Summer Camp 2014 Registration Form

APPLICANT INFORMATION			
Last Name	First	Initials	Age
Street Address			
City	County	Postcode	
Any Allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If yes, please elaborate:</i>
Any Medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If yes, please explain:</i>
Any Food Preferences? (e.g. vegetarian)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If so, please elaborate:</i>
Any additional information?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If so, please elaborate:</i>
Payment Options:	In Full <input type="checkbox"/>	Installments <input type="checkbox"/>	<i>Please make the cheque available to Tadashi Narita</i>

EMERGENCY CONTACT DETAILS	
<i>Please list at least two family members with a working mobile phone number.</i>	
Full Name	Relationship
Phone (mobile)	Email
Address	
Full Name	Relationship
Phone (mobile)	Email
Address	

DISCLAIMER AND SIGNATURE	
<i>I understand that the summer camp activities require a moderate level of fitness and are physically testing. I accept that there is a risk of injury for the children when undertaking such activities.</i>	
Name	Date
Signature	