



Aikido in Sydney – Kids and Teens

aikidoinsydney.com

Parent / Guardian details (primary contact)

Personal details are required and are used for dojo administration only.

Name: _____
Given name Family name

Address: _____

Postcode

Phone: _____
Mobile Other

Email: _____ @ _____

Tick if you **don't** want to receive our email newsletter (it's easy to unsubscribe).

Secondary contact (in case primary contact unavailable)

Name: _____
Given name Family name

Phone: _____
Mobile Other

Child / Teen details

There's additional space on the back of this form if you are enrolling more than one child.

Name: _____
Given name Family name

Date of birth: _____
Day Month Year Height in cm (for uniform size)

Health

Does the child/teen named above have any health issues or injuries we should know about?

None Allergy Asthma Injury Other: _____

Details: _____
What do we need to know to manage health issues / injuries during class / at the dojo?

How did you hear about us?

aikidoinsydney.com Flyer in letterbox Sign outside dojo

Recommendation: _____
From? Other: _____