



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: _____ @ _____

Secondary contact (in case primary contact unavailable)

Name: _____
Given name Family name

Phone: _____
Mobile Other

Relationship: _____
(to child/teen) e.g. parent / grandparent / other

Child / Teen details

Please use additional sheet 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: _____ Other: _____
From?