

Central Illinois Aikikai, Inc.

122 W Main St Urbana, IL 61801 USA (217) 384-6370 (217) 352-1805 fax www.aikidocia.org

Reserved for CIA use
□ YOUTH (1ST CHILD)
☐ YOUTH (SIBLING)
□ VISITOR
Instructor's initial:

Child Student Information

Child's Name:	Date of birth:
Name(s) of Parent or Guardian:	
Address (Street, City, State):	
Adult's Email:	Phone()
Does your child have any medical conditions we s	hould be aware of?
Please list the names and phone numbers of person	n(s) to contact in event of emergency:
I agree to read the USAF New Student Guide and USAF guidelines contained in those documents with my child.	F Ethics Guidelines available on the dojo website, and to discuss the rules and
Assumption of	Risk, Waiver and Indemnification
	eement, you give up rights and remedies you might have for injuries to your child or icipation in Aikido and / or Judo classes or use of the CIA facilities.
classes, I agree as follows. I recognize that Aikido and or death. I assume the risk of allowing my child to par attend classes at the CIA. I agree not to hold the CIA, it any property damage or physical injuries to my child wl any use of the facilities of the CIA. If my child or an instructors, its guests, or any of its members is liable for Aikido or Judo or during any other use of the facilities	In grantice and facilities to allow my child to participate in Aikido and / or Judo Judo share the hazards of practicing any martial art, including permanent disability ticipate in martial arts classes at CIA facilities. I grant permission for my child to s board of directors, its instructors, its guests, or any of its members responsible for hich might occur due to negligence during the practice of Aikido or Judo, or during nyone on my child's behalf should claim that the CIA, its board of directors, its r any damages as a result of injuries to my child which occur during the practice of or services of CIA, then I shall hold the CIA, its board of directors, and each of its iability and shall defend them against any such claim and shall pay any damages estalt of injuries to my child.
	(1)
(signature of parent or guardian) Video	(date) / Photo / Audio Consent
	agreement, you give up rights and remedies you might have regarding video or arising out of your participation in Aikido and / or Judo classes or use of the CIA
classes, I agree as follows. I assign and grant to CIA are child's name and photographic likeness and publish the made during CIA-sponsored activities by CIA or other other lawful purposes, and I hereby release CIA and the the reproduction, sale, copyright, exhibit, broadcast, el	ng services and facilities to allow my child to participate in Aikido and / or Judo and the United States Aikido Federation (USAF) the right and permission to use my ne photographs/film/videotapes/electronic representations and/or sound recordings participants in such activities in all forms and media for advertising, trade, and any USAF from any and all liability from such use and publication. I hereby authorize ectronic storage and/or distribution of said photographs/film/videotapes/electronic at the discretion of CIA or USAF and I specifically waive any right to any
(signature of parent or guardian)	(date)