



## Membership & Insurance Application Form

Please complete both sides of this form

Tick here if you are a **new** member

Tick here if you are **renewing** your membership

**Member Details**

Name ..... Date of Birth ...../...../.....  
 Address .....  
 Post Code ..... Tel No .....  
 Email ..... Mobile No .....  
 Club ..... Grade .....

**Membership Type** (tick box below)

All cheques should be made payable to **SHOBU AIKIDO U.K.**

Standard £25 per year

Instructor £25 per year

Unwaged/Student £15 per year

Tick to confirm you hold a current coaching qualification and DBS if coaching students under 18. *Instructor licenses will only be processed under these conditions. Coaching without the relevant license will invalidate insurance in the event of any claim.*

Junior (under 18) £10 per year

**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 ([www.bab.org.uk](http://www.bab.org.uk))

**Data Protection**

The personal data you provide may be held by your Club and Shobu Aikido U.K (SAUK). The basis on which SAUK, 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 SAUK, 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 Data Protection Policy and Privacy Notice which is available on our website. The policies also summarises the approach to retention of personal data. Please send any enquiries to: [secretary@shobuaikido.co.uk](mailto:secretary@shobuaikido.co.uk)

**Members Declaration**

By signing this document you are stating that the above information is true and accurate to the best of your belief and that you accept that the practice of Aikido involves the risk of injury. Shobu Aikido U.K. and/or my club/dojo reserve the right to decline my application without giving a reason.

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

**For Official Use Only**

Date Received ..... SAUK Member Number .....  
 BAB Licence Number ..... Expiry Date .....



## Membership & Insurance Application Form

### 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 instructor(s).  
(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](http://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 / Video permission

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.  Please also advise your club instructor.

### Member Contact

Your club or SAUK will on occasion contact you by email, text or other social media regarding venue closure, events or other information pertinent to your Aikido practice. If you **do not** wish to be contacted, please tick here:  Please also advise your club instructor.

This completed form (along with any cheque) should be sent to:

Mr M Headleand, SAUK General Secretary  
48 Little Norton Lane, Norton, Sheffield, S8 8GD