

INSTITUTE OF AIKIDO

A member of The British Aikido Board
(The Governing Body for Aikido in Britain)



This page to for IOA

Treasurer/Membership Secretary along with payment

Membership Application : New / U18 / Renewal (Delete – as required) Fee Paid.....

Name Age at Joining/Renewal:.....
 Tel No
 Email Mobile No
 Club Instructor
 Grade Date Grade Awarded

(5th Kyu etc. Leave Blank if Beginner)

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.

Data Protection

The personal data you provide may be held by your Club and the Institute of Aikido (IoA). The basis on which your Association, 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 the BAB and Aikido in general.

The BAB and The Monitoring Group (TMG) are the only third parties with whom we share any of your personal data. We 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 and to TMG when necessary for CRB checks.

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 summarise the approach to retention of personal data.

The IoA has an officer whom you can contact if you have any enquiries: DPO@instituteofaikido.uk

Licence Type

U18 Student Full Instructor Coach Cert No
(Delete as required) Child Coach DBS No / Appln No

Member Contact

The club or association will on occasion contact you by Email, SMS and other Social Media regarding venue closure and events. Please confirm this is acceptable : Yes / No

Members Declaration

I agree to accept the Institute's rules available from the IoA website and accept that the practice of Aikido involves the risk of injury.

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

For Official Use Only

Date Received IoA membership No
 BAB Licence Number Expiry Date

This page to be kept by the club

Treasurer/Membership Secretary

Member Details

Name	Age at Joining/Renewal:
Email	Tel No
Email(2)	Mobile No

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 coach.
(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.

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 practise 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 practise 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

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. Yes/No *(Delete – As required, Also please advise your club instructor)*

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