

TACOMA AIKIKAI REGISTRATION FORM

902 Market St. Room 301 | Tacoma, WA 98402

Website: tacomaaikikai.com | Email: tacomaaikikai@gmail.com | ph: 253-257-9177

Today's Date: _____

Participant's Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home/cell): _____ (work): _____ E-mail: _____
(please circle one)

Previous Martial Arts History: Aikido/Other _____

Previous dojos/instructors: _____

Rank: _____ Year Started Aikido _____

Why do you want to study aikido: _____

HEALTH/MEDICAL CONDITIONS: If you have any health or medical conditions we should be aware of please describe them here: _____

How did you hear about Tacoma Aikikai? _____

Guardians name(s) if participant is under 18: _____

Guardian Email: _____ Phone (home/cell): _____ (work) _____

Emergency contact name (if different than above): _____

phone: _____ email: _____ relationship: _____

I would like to register for Tacoma Aikikai membership (please check one for your registration type)

One-time registration fee (For current practitioners): \$15

Or

Beginner's Special (For new aikidoists, two months of training and a uniform): \$150

Monthly dues (please check one for your regular membership)

Adult membership: **\$90/month**

Teen/Student membership: **\$75/month**

Family Discount *discounts for members of the same household

2 members – 10%

3 members – 15%

4+ members – 20%

*I agree to pay by the 10th of each month.

*Payments can be made in the dojo by cash or check (payee: Tacoma Aikikai) or online through our website portal

Total payment: _____

Signed: _____

Date: _____

Signed: _____

Date: _____

(parent or guardian if participant is under 18)