

TACOMA AIKIKAI ADULT REGISTRATION FORM

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Today's Date: _____ Name: _____
(as you want it to appear on certificates)

DOB: _____ Gender/Pronoun: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (cell): _____ (home): _____

E-mail (for correspondence and billing): _____
(please print clearly)

How did you hear about Tacoma Aikikai? _____

Why do you want to study aikido? _____

Martial Arts History: Aikido/Other _____

Previous dojos/instructors/ranks: _____

HEALTH/MEDICAL CONDITIONS: _____

Emergency contact name: _____ phone: _____



To help keep aikido accessible, sliding scale rates and scholarships are available

Please select from the following options for your monthly membership (ages 16 and up):

- Adult Monthly Membership: \$125**
- Adult Monthly Membership (Student Rate) : \$95**

Family Discount *for members of the same household in any program

- 2 members – 10%
- 3 members – 15%
- 4+ members – 20%

Please check below if you would like to discuss sliding scale membership options.

- I would like to apply for a reduced membership rate of _____ per month.

Please check below if you would like to purchase a uniform (not required during first 3 months)

- I would like to purchase a new student uniform for \$50

Please check all the below to indicate your understanding:

- I understand that my membership gives unlimited access to all program-specific classes.
- I understand that my initial registration is a commitment to 3-month period of enrollment
- I understand that monthly dues support the dojo, payable by the 10th of each month.
- I understand that I can continue to support the dojo during periods of absence, and I will notify the dojo if I need to pause my dues or change my enrollment status.
- I understand that at this time, indoor training for students 18 years and older requires up-to-date Covid-19 vaccinations (i.e., 2 weeks after a two dose mRNA series or a one dose Johnson vaccine)

Signature: _____ Date: _____