

TACOMA AIKIKAI YOUTH REGISTRATION FORM

2502 S. 12th St | Tacoma, WA 98405
tacomaaikikai.com | tacomaaikikai@gmail.com | 253-257-9177

Today's Date: _____ Student Name: _____
(as you want it printed on certificates)

DOB: _____ Gender/ Pronouns: _____

Address: _____

City: _____ State: _____ Zip: _____

How did you hear about Tacoma Aikikai? _____

Why do you want to start aikido? _____

Parent/Guardians name(s): _____

Phone: _____ E-mail: _____

2nd Emergency Contact: _____ phone: _____

Current School/Grade: _____

HEALTH/MEDICAL CONDITIONS: _____

Other things we should know: _____

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

Please select from the following programs for your monthly membership

- Kids (age 7-11):** \$95/month. Tuesdays, Thursdays, Saturdays
- Juniors (age 10+):** \$95/month. Mondays, Wednesdays, Saturdays
- Teen (age 12+):** \$95/month. Mondays, Wednesdays, Fridays, Saturdays. Adult classes with permission.

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

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

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 will notify Tacoma Aikikai of any change to my enrollment status.

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

Parent/Guardian Signature: _____ Date: _____