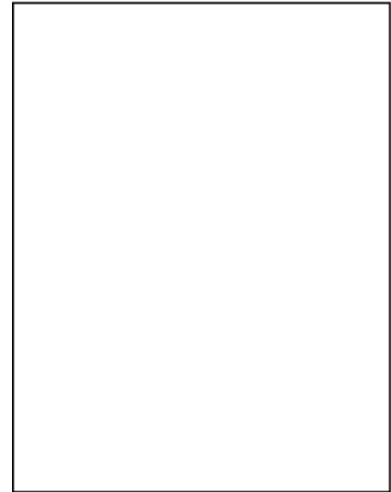




SeKai Dojo Praha
Křenova 11, Prague 6, 162 00
Czech Republic
aikidosekaidojo@gmail.com



Application

Name: _____ Surname: _____

Date and place of Birth: _____ Nationality: _____

Address: _____

Email: _____ Phone: _____

Emergency contact (Who to call in case of accident): _____

Medical Certification: (necessary only under 18 years old):

Doctor signature/ Stamped

Insurance certificate:

1. Person under the age of 18:

- a) Have accident insurance
- b) Practice aikido on parental responsibility

Parent's signature

2. Person over the age of 18:

- a) I declare that have accident insurance
- b) I recognize that the practice of Aikido may share hazards of any martial art or strenuous physical activity and I assume and agree to be responsible for any injuries, which might occur to me during the practice of Aikido during any other use of the facilities of the Aikido Sekai Dojo. I acknowledge that it is my personal responsibility to consult with my own medical advisors concerning my fitness for participation in any sport and that I will pay any medical costs, including emergency medical costs for me, as a result of any injuries or condition I incur at the Aikido Sekai Dojo or its rented space. It is acknowledged that the Aikido Sekai Dojo does not carry any liability insurance or other insurance that would compensate me for injuries I might incur while at the Aikido Sekai Dojo.

Signature

Practice Aikido since: _____ Grade (dan/kyu): _____

Datum: _____ Signature: _____

Please, bring a 2 passport photos with you.