



All information must be supplied.

Where a choice is given [*] underline as appropriate. Please print clearly.

[+] This telephone number may be omitted if desired. Officials & Instructors only are asked to supply this data separately if not included below.

[\$] Data in this box to be recorded by Club Instructor / Secretary. Not to be electronically stored.

[%] To be stored electronically and be used for UKA Communications

Personal details.

Surname		Forenames	
Address			
Post code		[+] Tel. No.	
Date of birth.	Day	Month	Year
Status.	* Adult /Junior (<18)	* Employed / Unemployed / Student / School	
[\$] Please give brief description of any injury or illness which may inhibit your ability to practise.			
Emergency contact		Tel.	

Club details.

Club	House
Date started practising Aikido with U.K.A.	

Data Protection Act

It is a requirement of the Data Protection Act 1998 that persons give written authorisation to have their details recorded. By signing the box below, you are allowing your personal details to be recorded in club, House and United Kingdom Aikikai databases and the British Aikido Board database. These databases are NOT distributed to any third party and are not used for non-Aikido related functions. Failure to sign below will mean that you cannot be a member of these Associations. For persons under the age of 18 please ensure that a parent or legal guardian signs on your behalf.

Print name	Signature				
Date					
U.K.A. No.	B.A.B. No.	Expiry date	d	m	y

Career details

Grade :-	Coaching Qualifications :-
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UKA Communications

If you wish to receive your association newsletter and receive information of UKA events via email please complete the following

[%] Email address:

Completed form to :- HOUSE REGISTAR