

**Shobu Aikido of Boston**  
**BEGINNERS PROGRAM**  
**Student Registration Form**

Name (please print) \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Are you a full time student? (circle one) Yes No Name of School \_\_\_\_\_

**Aikido or Other Martial Arts Experience:**

Rank \_\_\_\_\_ Where obtained \_\_\_\_\_

Instructor(s) \_\_\_\_\_

**Emergency Contact information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Special medical considerations or instructions (allergies, disabilities, physician, injuries etc.): \_\_\_\_\_

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**Where did you hear about the dojo?** \_\_\_\_\_

**What class times could you attend?** \_\_\_\_\_

Mon Tu Wed Th Fr Sat Sun

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**If applicant is under 18 years of age:**

As a parent/guardian of the above applicant, I certify that the above information is correct. I hereby give my permission for my child to participate in the Beginners Program at Shobu Aikido of Boston.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

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8 Week Program Fee \$200 \$ \_\_\_\_\_ (\$150 if full-time student)

Gi (if needed) \$50 \$ \_\_\_\_\_

Total amount \$ \_\_\_\_\_ (Circle one) cash or check # \_\_\_\_\_

Received at dojo by: \_\_\_\_\_ Date: \_\_\_\_\_

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If registering remotely, please mail this Registration form, the Student Contract and Release form, and a check payable to "Shobu Aikido of Boston" to:

Shobu Aikido of Boston ATTN: Beginners Program  
34 Allen St  
Somerville MA 02143

Someone will contact you via email (or phone if no email) when the forms are received.