

LAST NAME (CAPS) _____ FIRST NAME _____ Age _____ Date _____

**Shobu Aikido of Boston
CHILDREN's PROGRAM
Student Registration Form**

Child's Name (please print) _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail address _____

Grade _____ Name of School _____

Emergency Contact information:

Parent Name _____ Phone (home) _____ Phone (cell) _____

Parent Name _____ Phone (home) _____ Phone (cell) _____

Special medical considerations or instructions (allergies, disabilities, injuries etc.): _____

Aikido or Other Martial Arts Experience:

Rank _____ Where obtained _____

Instructor(s) _____

Where did you hear about the dojo? _____

What class times could you attend? _____

Mon Tu Wed Th Fr Sat Sun

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 Children's Program at Shobu Aikido of Boston.

Signature _____ Date _____

Parent/Guardian Name (please print) _____

Dues (Due by first of month) \$ _____ (\$75/month or \$60/month if Aikiplay only)

Gi (if needed) \$ _____ (\$40 judo, \$30 karate)

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

Received at dojo by: _____ Date: _____

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: Children's Program 34 Allen St Somerville MA 02143
Someone will contact you via email (or phone if no email) when the forms are received.