



# Mushin Aikido Club – Johannesburg

## Membership Form

### Personal Details

Surname: \_\_\_\_\_

First Name/s: \_\_\_\_\_

SA ID # or Passport : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred Contact Number for Club Communications:

\_\_\_\_\_

Preferred Contact Email for Club Communications:

\_\_\_\_\_

Residential Address (In case of emergency)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### Emergency Contact Details

Next of Kin - Name: \_\_\_\_\_

Relation to Member \_\_\_\_\_

Contact Number: \_\_\_\_\_

Non-Family Contact – Name: \_\_\_\_\_

Relation to Member: \_\_\_\_\_

Contact Number: \_\_\_\_\_





### Fee Structure and Payment

I have paid/will pay the joining fee of R\_\_\_\_\_ and the R600 Annual Membership Fee on/by \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

I commit to the following Training Fees Payment Option:

- Monthly Payment of R700, to be made on or by the 1<sup>st</sup> of every month.
- Quarterly Payment of R1 995, to be made on or before the 1<sup>st</sup> of the beginning of the next quarter (1 January / 1 April / 1 July / 1 October).
- Annual Bulk Payment of R7 500, to be made on or before the 15<sup>th</sup> of January of the year.

I realise that failure to pay fees may result in my not being able to continue training, and if a situation arises whereby I am unable to pay I may, within reason, be able to request a payment plan. Payment plans will be assessed on an individual basis by the club committee.

### Indemnity and Acceptance of Club Guidelines

I \_\_\_\_\_ hereby confirm that I am, to the best of my knowledge, in perfect health. If, for any reason, I may become ill or suffer any injury prior to a training session at the Mushin Club, I will first seek professional medical help before continuing to train and will not undertake any training until I am cleared by a medical professional. Failure to do so may cause further injury to myself, the result of which will be my sole responsibility. I accept that Aikido is a martial art and that training may result in injuries of varying degree. As such, I hereby indemnify and hold harmless the South African Aikido Association, the Mushin Club and all its instructors and members from any physical harm that I may suffer whilst attending a training session. I have received and will read the Mushin Booklet of Dojo Etiquette and I will adhere to the tenets of Aikido and the Mushin Club to the best of my ability.

\_\_\_\_\_  
New Member Signature

\_\_\_\_\_  
Club Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

