

# Aikido

## REGISTRATION FORM



**PARTICIPANT** Month: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Gender: M F

Email \_\_\_\_\_

Contact Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Ability Level (check one):  Exceptional  Above Average  Average  Novice

### MEDICAL

Please let us know if you have any health issues or allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

### GOALS:

Develop the JEA's six core values:

\* Honesty \* Fun \* Caring

\* Respect \* Responsibility \* Faith

Have lots of fun!!!

Registration Fees		
Members	Non-Members	Punch Card
\$50	\$70	\$80/8 classes

Office Use Only: Payment Method

Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ (payable to JEA)

Credit Card:  Visa  Mastercard

Amount Paid: \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please sign reverse side of this form.*

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## **AGREEMENT**

**\*MUST SIGN**

1. In consideration of the acceptance of this entry, I waive any and all claims for myself or my heirs against officials of the JEA for illness or injury which may result directly from my participation. I hereby certify that I am in good health and capable of safe participation in this JEA program. I assume all risks and hazards incidental to this program and for the transportation to and from the program. I hereby authorize the JEA to obtain medical treatment for me in the event that the emergency contact listed above cannot be reached.
2. No refunds or pro-rated refunds will be issued except at the sole discretion of the JEA. Refunds will only be issued for programs that are cancelled due to an insufficient number of participants.
3. During the course of JEA programs, photographs are occasionally taken. Through this release, I authorize the JEA to print, publish, and display pictures of me to promote JEA programs through JEA publications and the JEA website, [www.SavannahJEA.org](http://www.SavannahJEA.org).
4. I promise to conduct myself at all times in accordance with caring, honesty, respect and responsibility. I will strive to exhibit the importance of teamwork, cooperation and sportsmanship. I will stress participation and fun and I will keep winning in perspective and emphasize the other important goals of participating in a sports program (skill development, having fun, meeting new friends, becoming more fit, etc.)
5. In accordance with the JEA code of conduct, I understand that no foul language is permitted; no fighting or threat of assault is permitted; and if there shall be non-accordance with this code of conduct or act in any other manner the JEA deems detrimental to the success or welfare of the program, I shall be subject to immediate suspensions, expulsion and/or other sanction as deemed appropriate by the JEA in its sole discretion.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

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