



BigRock Aikikai – Participant Registration Form

Participant information

Name (Last, First)			
Address			
City/town	Province	Postal Code	
Phone (home)	(cell)		
Email #1	Email #2		
Date of Birth (YYYY-MM-DD)	Date of Registration		
Age Group	6-8 yrs.	9-11 yrs.	12-17 yrs. 18+ yrs.
Fee Option	Monthly	4 Months	Annually
Volunteering Option	With Volunteering	Without Volunteering	
How did you hear about BigRock Aikikai?			
What are your goals in beginning Aikido training?			

Parent / Guardian information (required if participant is under 18 yrs.)

Name (Last, First)		
Address		
City/town	Province	Postal Code
Phone (home)	(cell)	
Email #1	Email #2	
Relationship to participant		

Name (Last, First)		
Address		
City/town	Province	Postal Code
Phone (home)	(cell)	
Email #1	Email #2	
Relationship to participant		

Emergency contact information

Primary

Name (Last, First)	
Phone (home)	(cell)
Relationship to participant	

Secondary

Name (Last, First)	
Phone (home)	(cell)
Relationship to participant	

BigRock Aikikai is a non-profit organization. Its programs are supported in part by Lottery Funding and the Canadian Aikido Federation.

The Participant information collected here is used to continue to qualify for this funding.