

*Registration Form  
Aikido Camp for Young People*

*Please mail this form, the liability waiver, and the pathogen policy with full payment to: AikiKids, c/o Martha Levenson, 2339 NE 128<sup>th</sup> St., Seattle, WA 98125. Payments must be postmarked by July 25, 2010.*

*Student's Name:* \_\_\_\_\_

*Parent's Name(s):* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City, State, Zip:* \_\_\_\_\_

*Home Phone:* \_\_\_\_\_ *Day/Cell Phone:* \_\_\_\_\_

*Grade entering:* \_\_\_\_\_

*Previous experience in the martial arts?* \_\_\_\_\_

\_\_\_\_\_  
*Emergency Contact (name and phone number):*

\_\_\_\_\_  
*Does the student have physical limitations or allergies of which we should be aware?* \_\_\_\_\_

\_\_\_\_\_  
*Questions? Call Martha at (206) 523-3555 or email her at aikikid@oneworldaikido.com.*