



## Enrolment Form: Children's Aikido

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

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

Contact Phone N<sup>os</sup>: (h) \_\_\_\_\_ Name \_\_\_\_\_

(m) \_\_\_\_\_ Name \_\_\_\_\_

(m) \_\_\_\_\_ Name \_\_\_\_\_

Contact Email(s): \_\_\_\_\_

Does your child suffer from any allergies? \_\_\_\_\_

Does your child suffer from asthma? \_\_\_\_\_

Does your child have any pre-existing injuries or health conditions?  
\_\_\_\_\_

Are there any child collection or family requirements we should be aware of?  
\_\_\_\_\_

Can we use photos of your child in our website/advertising/promotional activities? No names, addresses or personal details will ever be divulged.

Yes  No

How did you find out about us?

Internet?  Poster/Flyer?  Word of mouth?

Holiday Happenings?  Canberra's Child  City News?

Canberra Weekly?  Canberra Times?  Other?