



VISITOR REGISTRATION

* Please complete at least the mandatory fields marked with an asterisk

Contact Information:

Date: * _____

First Name * _____

Last Name * _____

Street 1 _____

Street 2 _____

City _____

State _____

Zip _____

Country _____

Phone * _____

Email _____

Please check here to subscribe to Bond Street Dojo seminars and events email list

Dojo * _____

Rank/Experience * _____

Date of Birth * Day [____] Month [____] Year [____]

Emergency Contact Information:

First Name * _____

Last Name * _____

Phone (day) * _____

Phone (evening) * _____

Email _____

Visit: *

Check if visiting a regular class:

Check if visiting a seminar: Seminar name: _____

Have you visited us before? Yes No

How did you hear about us? _____

Notes (office use):



NEW YORK AIKIDO SOCIETY, INC. BLOOD POLICY & BODY FLUID PATHOGEN POLICY

To protect the New York Aikido Society, Inc. members from risk of disease, the New York Aikido Society, Inc. has adopted the following policy to minimize the risk of transmission of HIV, Hepatitis B, and other blood and body fluid borne pathogens during Aikido training. Although current available evidence suggests that risk of transmission of HIV or other pathogens during the type of body contact that occurs in Aikido training is slight, all members should observe these "universal precautions" as modified for Aikido.

BEFORE TRAINING

- Be sure all fingers and toenails are trimmed.
- Cover all open cuts or sores with a suitable antiseptic and cover them securely with a leak proof dressing before coming on the training mat.
- Cover all healed wounds that might open during practice with a leak proof dressing.
- No jewelry of any kind should be worn on the mat. If you must wear jewelry, you must cover it with tape.

PROCEDURE FOR WOUNDS INCURRED DURING TRAINING

- If you or your partner should begin to bleed, stop practice immediately.
- The person who is bleeding should quickly leave the mat and cover the wound.
- After covering the wound, the injured person should clean the blood from the mat. To clean the mat, cover the blood with hydrogen peroxide, let it sit for 30 seconds to lift the stain, then dry it with a disposable towel. Then use disinfectant over the area, and once again dry it with a disposable towel.
- The partner of the person bleeding should stand near the area of spilled blood and keep other practitioners from coming into contact with the spilled blood. He or she should also protect the person who is cleaning up the blood.
- If you come into contact with blood that is not your own, you should quickly wash off the area with soap and water.
- If an injured person needs assistance, each person assisting should wear a pair of latex gloves.
- All used gloves, bloody cloths or towels, and dressings should be placed in a leak proof plastic bag and disposed of carefully.

I HAVE READ, UNDERSTOOD, AND WILL COMPLY WITH EACH AND EVERY PART OF THIS POLICY.

NAME (PRINT CLEARLY): _____

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN (FOR THOSE BELOW 17) PRINT CLEARLY: _____

SIGNATURE: _____ DATE: _____

WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT, AND PARTICIPATION AGREEMENT

In consideration of being allowed to participate in any way, including travel to and from the martial arts practices, clinics, classes, events, and activities of the New York Aikido Society, Inc., I hereby

- _____ Understand and agree that prior to participating, I have the right and duty to inspect the mats, equipment and facilities to be used, and if I believe that anything is unsafe or beyond my ability I will immediately advise the instructor or supervisor of such condition(s) and refuse to participate.
- _____ Acknowledge and fully understand that I will be voluntarily engaging in activities that involve contact and that might result in serious injury, including permanent disability or death, and severe social or economic losses due to not only my own actions, inactions or negligence, but also to the actions, inactions, or negligence of others, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
- _____ Assume all of the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
- _____ Release, waive, discharge, and covenant and agree not to sue or make claim against the New York Aikido Society, Inc. or any of its affiliated organizations, their respective agents, officers, directors, instructors, employees, volunteers, sponsors, members, other participants, their parents, guardian(s), supervisors and instructors, and if applicable, owners, lessors, and lessees of any premises used by the New York Aikido Society, Inc. or any of its affiliated organizations, all of whom are hereinafter collectively referred to as "Releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to have been caused in whole or in part by the negligence of the Releasee or otherwise.
- _____ State that I have practiced Aikido for ____ years and have been awarded the rank of _____ by _____ Sensei of _____ dojo prior to requesting permission to participate in the activities of the New York Society, Inc.

I HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND KNOWING THIS, I DO SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL.

PARTICIPANT (PRINT CLEARLY): _____

SIGNATURE: _____ DATE: _____

_____ **Parent(s) or legal guardian(s) of minor participant (age 17 and below)** additionally agree that they have instructed and advised the minor participant as to the above warnings and conditions and their ramifications, and that they consent to the minor's participation.

PARENT/GUARDIAN (PRINT CLEARLY): _____

SIGNATURE: _____ DATE: _____

PLEASE INITIAL EACH BLANK