

Aikido of Albuquerque Uchideshi Application Form

Name _____

d.o.b. _____ date _____

Address _____ city _____ state _____ zip _____

Country _____ phone number _____

current health care provider _____

Emergency contact person _____ relationship _____

Address _____ city _____ state _____ zip _____

phone number _____

current rank _____ date began aikido training _____

other martial arts training and dates _____

most current instructor/teacher _____ organization _____

do you currently train in laido (circle one) yes, no. months/yrs. _____

do you currently train in zazen (circle one) yes, no. months/yrs. _____

current health (circle one) excellent, good, fair, poor.

current medications _____

longstanding injury's? please list: _____