

# Malta Aikido Federation

Flat 3, Palomino Court  
 Triq Mons M Azzopardi  
 Siggiewi  
 e-mail: info@aikidomalta.com  
 tel: +356 7949 8881

Date

Surname

Name

DOB

Address

Tel No

e-mail add

Previous Martial Arts Experience

Do you suffer from any physical or mental illness?

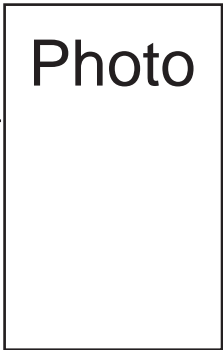
Are you currently on any type of regular medication?

Why Aikido?

INDEMNITY - I hereby indemnify the Malta Aikido Federation against any type of damage or harm that comes unto me, in any way or form, as a direct or indirect result of practicing Aikido at any of their dojos, under any of their instructors. I fully understand that this is a martial art and involves physical as well as mental practices. I also understand that the Budo License that will be issued to me in case of my acceptance to the Federation is non-transferable and will remain the property of the Federation and may be reclaimed at any time.

\_\_\_\_\_  
 Signature of applicant

We require 2 photos with this application please



**For Office Use Only**

Budo License Number \_\_\_\_\_ Dojo  Malta  Gozo

Type of Membership \_\_\_\_\_

AIKO SMA