

PARENTAL CONSENT FORM

1st part to be retained by club teacher - last part to be retained by student and

To be completed (in full) and returned by the parent or guardian of all under-18s taking part in the practice of Ki Aikido under the Ki Federation of Great Britain and its affiliated clubs.

To:(club name)
I (insert full name).....
of (insert address).....
.....
Telephone number: Mobile:.....

agree for my sons/daughters:

(insert name/s) 1.....
2.....
3..... to learn Ki Aikido.

I give permission for group photographs/videos including my sons/daughters to be used whilst taking part in activities organised by the Club and/or the Ki Federation of Great Britain:

(tick box where applicable)

YES	NO
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In the event that I am unable to accompany my son(s)/daughter(s) to and from courses organised by the Ki Federation of Great Britain, I give permission for my son(s)/daughter(s) to travel with the teacher or another member of the Club.

(tick box where applicable)

YES	NO
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Please List any special Health concerns e.g. allergies, asthma, required medications etc.; including any additional information about the participant's behavior and physical, emotional, or mental health that the teacher should be aware of:

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.....
.....

If the participant does require of any sort of medication to be available to them during class should they need it (e.g. an inhaler), please list with any relevant instructions that the teacher should be aware of:

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.....

Emergency Contact (please provide a name other than those of parents or guardians)

Name:

Telephone:.....

Relationship to participant:.....

I acknowledge that the practice of Ki Aikido involves physical contact with the teacher and other members. This is part of the teaching method and takes place within the discipline of the class. I understand that in addition to the teacher, there will always be another responsible adult present.

I understand and accept the following guidelines, and understand that the participants continued failure to follow these guidelines would result in dismissal from the class:

1. Participate in the sessions.
2. Show respect for property/facilities.
3. Appropriate and courteous behavior is expected.

Please note any additional concerns regarding the participant that you wish to notify the teacher of:

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SIGNED.....(parent/guardian)

DATED.....

To be retained by student and parent

(cut along dotted line)

All Ki Federation teachers and assistant teachers have been checked by the Criminal Records Bureau and possess an enhanced CRB disclosure. All Ki Federation teachers and assistant teachers are fully insured and qualified to teach Ki Aikido. The Ki Federation Of Great Britain Federation follows a strict child protection policy. Child protection officer: Sensei Peter Hughes, contact: 0750 1144665