



AIKIDO CORK OPEN CENTRE

REGISTRATION FORM			
Aikido:	T'ai Chi Ch'uan:	General:	Student:
(Please Print)		Month / Class	Month / Class
Name:		Date:	
Address:			
City, County, Country:			
Phone:		Email:	
Date of Birth:		Previous Martial Arts Experience:	
Emergency Contact:		Relation:	
Phone:			
If registering an underage person please complete the following:			
Fathers Name:		Mothers Name:	
Address:			
City/County/Country:			
Phone:		Email:	
How did you hear about us?			
Word of mouth:		Internet:	
Flyer:		Saw a Poster:	
Website:		Other:	
Please elaborate:			