

Aikido Shobukan Dojo Youth Program Contact Information Form

Please complete this form and **register in Zen Planner** following the link below to set up the tuition payment.

Zen Planner Aikido Shobukan Dojo:

<https://aikidoshobukandojo.sites.zenplanner.com/sign-up-now.cfm>

START DATE (MM/YYYY)	STUDENT NAME*
GENDER*	DOB (MM/DD/YYYY)*
PARENT'S/GUARDIAN #1 NAME*	PARENT'S/GUARDIAN #2 NAME
PARENT'S/GUARDIAN #1 EMAIL*	PARENT'S/GUARDIAN #2 EMAIL
PARENT'S/GUARDIAN #1 PHONE	PARENT'S/GUARDIAN #2 PHONE
HOME ADDRESS	
EMERGENCY CONTACT NAME*	EMERGENCY CONTACT PHONE*
Special Notes or Instructions	

*Required fields

Parent/Guardian Consent:

By signing below, I give consent for my child to participate in the ASD Youth Program.

Signature of Parent/Guardian

Date