

What are your injuries?

Have you ever suffered a similar injury before? (tick box)

YES

NO

If "YES" please give details:

Give names and addresses of any witnesses:

1.	2.	3.
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DECLARATION

CLAIMANT: I declare that these particulars are true in every respect.

Signature of Claimant

Date

INSTRUCTOR: I declare that this accident occurred as stated.

Signature of Instructor

Date

GOVERNING BODY: I declare that these particulars are true in every respect.

Signature of Governing Body
(Secretary BAB)

Date

This form to be sent to the British Aikido Board Secretary: Mrs Shirley Timms, 6 Halkingcroft, Langley, Slough SL3 7AT (tel: 01753 577878) (fax: 01753 577331) who is then to send the form by recorded delivery to:

Endsleigh Insurances (Brokers) Ltd, Hadley House, Shurdington Road, Cheltenham, Glos GL51 4UE
Tel No: 01242 866789 Fax No: 01242 866961 Email: sports@endsleigh.co.uk