

British Aikido Board
DECLARATION FORM TO REGISTER CLUBS FOR INSURANCE

Name of Association: _____

Representative: Name: _____

Position: _____

DECLARATION
On behalf of the above Association, I confirm that the clubs listed herewith are affiliated to this Association and request that they are registered under the BAB's group Insurance Policy with Perkins Slade. We understand that where we fail to register a club, that club will not be insured.

The Association accepts responsibility for ensuring that club instructors and administrators are made aware of the policy features and principle exclusions. We also undertake to notify the BAB Secretary immediately in the event that we acquire any new clubs or should a club need to be removed from the register.

Furthermore, we accept responsibility for ensuring that adequate health & safety standards are maintained at all listed clubs and that all accidents / injuries to members, officers and third parties are recorded and retained by us for a minimum of 3 years.

Signed.....(above named representative) Date.....

No.	CLUB NAME & ADDRESS	Premises owned or leased?	Does the club employ personnel? If YES, give details
1			
2			
3			
4			
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6			
7			

8			
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NOTE: If you have any more clubs, please list them on separate sheets and attach all lists together. Retain a copy for your own records and submit the originals to the BAB Secretary.