



British Aikido Board
CLUB INSURANCE – REGISTER OF “ASSIST ONLY” INSTRUCTORS

Name of Association: _____

Representative: Name: _____

Position: _____

DECLARATION
 On behalf of the above Association, I confirm that the Instructors listed herewith are affiliated to this Association and request that they are registered as “Assist Only” Instructors for cover via the BAB’s group Insurance Policy for Clubs with Perkins Slade.

I confirm that all listed Instructors hold a BAB Coach Award of Assistant Coach level or above. I also confirm that all listed have been fully apprised of the limitations in which they must operate to qualify for this cover, namely: They may only work under the supervision of a fully qualified Coach who holds full P.I. cover. They must hold current “member to member” insurance. They only work with students that hold current “member to member” insurance. They have each signed a declaration form to this effect.

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

No	NAME, ADDRESS & BAB COACH QUALIFICATION
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LIST OF REGISTERED CLUBS – Continuation Sheet

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NOTE: If you have any more “Assist Only Instructors, 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.