



British Aikido Board
APPLICATION FORM FOR NEW MEMBER'S INSTRUCTOR INSURANCE

Name of Applicant: _____

Address: _____

Instructor's Award held (if any): _____

How long have you been instructing? _____

Aikido Rank: _____

DECLARATION

- I hereby apply for Personal Indemnity Insurance with Perkins Slade and enclose my fee for £
- I understand that, as an unqualified BAB instructor, I must attain a BAB qualification of at least "Coach" level within the next 12 months.
- I recognise that if I do not attain the appropriate qualification within this time, this cover will no longer be valid.

Signed..... Date:.....
(Above named applicant)

ENDORSEMENT OF ASSOCIATION

Association: _____

I confirm that the details above are correct and the above named instructor is deemed to have sufficient coaching experience to warrant this application.

Signed..... Date:.....
(Association Head)