

British Aikido Board
REGISTER OF OFFICERS & OFFICIALS COVERED UNDER ASSOCIATION
POLICIES

Name of Association: _____

Representative: Name: _____

Position: _____

DECLARATION
 On behalf of the above Association, I confirm that the officers & officials listed herewith serve this Association and request that they are registered under the above named Association Insurance Policy with Perkins Slade.

The Association accepts responsibility for ensuring that officers & officials are made aware of the policy features and principle exclusions. We also undertake to notify the BAB Secretary immediately of any additions or amendments to this register.

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

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

No	NAME & ADDRESS OF OFFICIAL	OFFICIAL POSITION(S) HELD WITHIN THE ORGANISATION
1		
2		
3		
4		
5		
6		
7		



9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

NOTE: If you have any more OFFICERS OR OFFICIALS, 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