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Onegaishimasu, Students of SJMS!  
Please train with us!

Beginning **Tuesday, September 21, 2010**, the Hilliard Martial Arts Center will again offer weekly aikido classes at SJMS for students in grades 3-8. Classes will be taught by Bill Reed, a Middle School classroom teacher, and the Children's Aikido instructor at the Hilliard Martial Arts Center.

Day: Tuesdays

Time: 3:45 – 4:45 pm

Place: Ryan Hall

Cost: \$30/month to “Hilliard Martial Arts Center”

Instructor: Bill Reed

Aikido, a modern Japanese martial art, focuses on movement, unbalancing, joint manipulation, and throws, all of which are used to gently control and subdue an attacker. Safe resolution of conflict, not domination of the opponent, is the ultimate goal.



Aikido is a modern Japanese martial art with its roots in jiu jitsu. Rather than focusing on punching and kicking, aikido emphasizes movement, unbalancing, joint manipulation, and throws, all of which are used to control and subdue an attacker. The philosophy behind the techniques of aikido is that one has the right to defend oneself, but also has the responsibility to avoid unnecessary injury to the attacker. Resolution of conflict, not domination of the opponent, is the ultimate goal.

The aikido class at SJMS will meet weekly, and will last 60 mins. The class will be taught using demonstration, partner and group practice, and active games. There will be monthly club dues of \$30.00, payable using Electronic Funds Transfer (EFT), which also enrolls the student as a member of the Hilliard Martial Arts Center. As such, students are entitled to attend classes at the Hilliard dojo on Saturdays at 10:00 AM.

Hilliard Martial Arts Center is a 501(c)3 not-for-profit organization in Hilliard, Ohio and has been offering quality martial arts instruction since 1990. Hilliard Martial Arts Center is affiliated with Aikido Schools of Ueshiba, a national aikido organization which is in turn affiliated with the founder's organization in Japan. Hilliard Martial Arts Center offers classes for children and adults in the arts of aikido and modern arnis. Additional information on Hilliard Martial Arts Center can be found on the internet at <http://www.hilliardmartialarts.com>

Bill Reed, in addition to teaching in the Middle School classroom at SJMS, has a nidan (2<sup>nd</sup> degree black belt) ranking in aikido and has been teaching aikido to children since 1995. He has taught an aikido class for SJMS's Summer Learning Camp for several years.

The SJMS aikido classes for grades 3-8 will meet weekly, on **Tuesdays, from 3:45 – 4:45**. Classes begin Sept. 21, 2010. If you have any questions, contact Bill Reed at (614) 878-0341, or via email at [wmreed@columbus.rr.com](mailto:wmreed@columbus.rr.com)

Return form below

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\_\_\_\_\_ from \_\_\_\_\_  
(Child's name) (Classroom)

is interested in joining aikido classes. Enclosed is a check for \$30 (made out to "Hilliard Martial Arts Center," or "HMAC"), or the completed EFT form for the first month's club dues. I understand that I will have to sign an athletics consent form for HMAC before classes start. I am also aware that aikido classes are provided by Hilliard Martial Arts Center, independent of St. Joseph Montessori School (SJMS).

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Hilliard Martial Arts Center

*DBA, Columbus Aikikai  
A501C(3) Non-Profit Corporation*

## STATEMENT OF INFORMED CONSENT, RELEASE OF CLAIMS, BLOOD –BORNE AND BODY FLUID-BORNE PATHOGEN POLICY AND INSURANCE AFFIDAVIT

It is agreed as follows:

I, the undersigned, am applying for martial arts instruction through Hilliard Martial Arts Center, dba Columbus Aikikai, a 501c 3 non-profit educational group providing martial arts instruction, and declare that I understand I am applying for instruction in a martial art involving strenuous exercise and personal body contact, that I am fully aware that injury may occur in the practice of martial arts. In addition, I am certifying that I have adequate insurance protection covering any injuries that may occur to me during my instruction. I understand that it is not the purpose of this course to teach safety rules, nor is it the function of the instructors to serve as guardian of my safety. I also understand that I am responsible for my use of equipment, and I am responsible for its safety and good operating condition regardless of where I obtain it. In consideration of being given instruction by Hilliard Martial Arts Center, a martial arts school, and of the facilities furnished by Hilliard Martial Arts Center, as well as the help, assistance, and advisory services rendered by member and employees of said corporation, I do hereby release and forever discharge for myself and my heirs, executors, administrators, and assigns, all officers and agents of Hilliard Martial Arts Center, who arrange, advise or supervise the scheduling, practice, travel, games or any other function of said school from all claims, demands, actions, causes of action for personal injury, or any other damage now existing or which may hereinafter arise out of or be in association with activities of said school. I hereby personally assume all risks in connection with said instruction, whether foreseen or unforeseen. I further state that I am of lawful age and legally competent to sign this affirmation and release. I understand the terms herein are contractual and not a mere recital, and that I have signed this document as my own free act.

I have the following medical conditions and existing injuries:

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I hereby specifically assume the risk or any aggravation to any existing injuries, illnesses or medical conditions, known or unknown and specifically assume the risk of injury in whole or part due to my existing condition.

I have the follow pervious martial arts training:

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### MEDICAL EXAMINATION

I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. I (check one) have \_\_\_\_\_ have not \_\_\_\_\_ had a medical examination to assure myself. I assume my own responsibility of physical fitness and capability to perform under the instruction, whether or not I have had a medical examination.

## **BLOOD BORNE AND BODY FLUID BORNE PATHOGEN POLICY**

To protect the students, staff and members of the Columbus Aikikai, Inc., adba Hilliard Martial Arts Center against the risk of disease, the Columbus Aikikai, Inc., adba Hilliard Martial Arts Center has adopted the following policy intended to minimize the risk of transmission of HIV, hepatitis-B, and other blood and body fluid borne pathogens during all of the Aikido, Arnis and all other training offered by Columbus Aikikai, Inc., adba Hilliard Martial Arts Center. Current available evidence suggests that the risk of transmission of HIV during the type of body contact that occurs during Aikido, Arnis and other types of martial arts training is slight. Organizations such as the NCAA, the National Academy of Pediatrics Committee on Sports Medicine and the U.S. Olympic committee have concluded that persons infected with blood and body fluid – borne pathogens, particularly HIV, should not be barred from participating in contact sports. Certain federal and state anti-discrimination laws may also prohibit such a ban. These organizations have concluded that the already slight risk of transmission of HIV and other blood and body fluid borne diseases can be further reduced by adoption of the Centers for Disease Control recommended “universal precautions” with regard to exposed body fluids.

By Columbus Aikikai, Inc adba Hilliard Martial Arts center observes these “universal precautions” as modified for Aikido, Arnis and all other martial arts training offered by Columbus Aikikai, Inc. adba Hillard Martial Arts Center. Generally, this means that instructors and all persons training at Columbus Aikikia, Inc. adba Hilliard Martial Arts Center shall treat all exposed bodily fluids as if they are infected. Specifically, the following measures will be observed at all times:

### *1. Preparation for Training*

The most frequent points of contact between training partners are the hands, wrists, arms, shoulders and face. Other exposed parts of the body subject to particular risk of cuts and abrasions are the feet and the area about the face and neck. For these reasons the following procedures must by observed.

- A. You will inspect the exposed parts of your body prior to participating in martial arts training offered at the Hilliard Martial Arts Center, ensuring no breaks in your skin such as abrasions, open cuts or sores.
- B. You will inspect your hands and feet to ensure that fingernails and toenails are trimmed and smooth in order not to be a cause of cuts.
- C. You will wear a freshly laundered uniform to the first class which you attend each day.
- D. You will never enter the training wearing a uniform which is blood or body fluid stained to any degree whatsoever.

If you have any open cuts or sores, you will clean them with a suitable antiseptic and cover them securely with a leak proof dressing before coming on the training mat. You will make sure they stay covered while you are training. If your hands or feet have broken skin, suitable taping gloves or tabi will be worn to cover these areas. If you notice that someone else has an open cut or sore you will immediately advise him or her of the fact and cease training with the individual until the appropriate covering is in place. If a person does not immediately remedy the situation, you will immediately notify the class instructor.

2. *Procedures for Wounds Incurred During Training*

If a wound becomes uncovered, open or is bleeding even to a minor extent during training, the person bleeding shall immediately stop training and leave the mat until the bleeding stops and the wound is securely covered as described below. Immediate measures shall be taken to stop the bleeding. If the injured person needs assistance with this procedure, each person so assisting shall wear a pair of latex gloves. All used gloves and bloody cloths or dressings will be placed in a leak proof plastic bag provided for that purpose, and disposed of carefully. Hands shall be washed with soap and hot water immediately after gloves are removed. Minor blood stains on dogi will be treated with disinfectant solution available at the dojo first aid table. If there are major blood stains or soiling, the dogi shall be removed immediately, placed in a leak proof container, and handled carefully until it can be laundered or disposed of.

3. *Procedures for Contact with Another's Blood*

If you come into contact with the blood of another, make an immediate attempt to locate and alert the individual who is the source of the bleeding, leave the mat, and follow procedure 2 above.

4. *Procedures for Blood on the Mat*

If blood becomes present on the mat during training, the partner of the person bleeding will ensure that other students training do not come into contact with the blood. The blood, regardless of amount, will be cleaned up immediately by wiping down the exposed surface with the disinfectant solution provided for that purpose. Each person assisting in this task shall wear latex gloves and shall dispose of the gloves and clothes used for cleanup in the manner described in procedure 2 above. Upon completion of the cleanup, each assisting person shall wash his or her hands with soap and hot water immediately after gloves are removed.

5. *Responsibility for Health and Safety on the Mat*

There are diseases and illnesses other than those known to be transmitted through blood and body fluids. You are reminded that you are responsible for not only your own health and safety, but also the health and safety of your training partners. If you know or suspect that you have any illness which might affect or infect other, or which might impair your ability to train safely, you have the obligation to refrain from training until you are not a risk to others.

**RIGHT OF REFUSAL TO PROVIDE INSTRUCTION DUE TO SAFETY**

I agree and acknowledge that the instructors, directors, officers and/or agents of Columbus Aikikai, adba Hilliard Martial Arts Center may, at their discretion, elect to refuse to provide instruction to me if it is determined that I present an unreasonable risk to the safety of myself or others. This acknowledgement in no way alters my sole assumption of the risk in whole or in part of any aggravation to any existing injuries, illnesses or medical conditions, known or unknown. Set forth above.

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**Non- discrimination Policy and Non-Profit Status**

I agree and acknowledge that Columbus Aikikai, Inc. adba Hilliard Martial Arts Center is a 501 ©(3) non-profit education organization, and does not discriminate against students in any manner on the basis or race, ethnic origin, nationality or gender.

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**Signature and Authentication**

I hereby certify that I have read, understood, and will comply with each and every part of this Statement of Informed Consent, Release of Claims, Blood-Borne and Body Fluid-Borne Pathogen Policy and Insurance Affidavit Policy.

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Participants Name (printed)

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Date of Birth

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Participants Street Address

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City, State, Zip Code

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E mail Address

---

Telephone number

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If under 18, Participants Legal Guardian ( printed and signature)

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Participants Signature

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Today's Date

---

Witness Signature

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Today's Date

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## Direct Payment Authorization Form: Fixed Payments

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We are pleased to offer you a new service—the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

**The Direct Payment Plan will help you in several ways:**

- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town.
- Your payment is always on time—it helps maintain good credit.
- It saves postage – many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

**Here's how the Direct Payment Plan works:** You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will

be made automatically on the specified day. And proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

All you need to do is:

- 1) Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
- 2) Fill in your name, financial institution name and location, and date.
- 3) Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

*NOTE: Be sure to sign the form!*

**Please complete the information below.**

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I authorize (insert company name) to initiate electronic debit entries to my:

\_\_\_\_\_ checking account (or) \_\_\_\_\_ savings account

for payment of my \_\_\_\_\_ (type of bill).

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date \_\_\_\_\_

FINANCIAL INSTITUTION NAME (PLEASE PRINT) \_\_\_\_\_

ACCOUNT NUMBER AT FINANCIAL INSTITUTION \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION CITY AND STATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_