



LANCASHIRE AIKIKAI



Form 5

PERMISSION

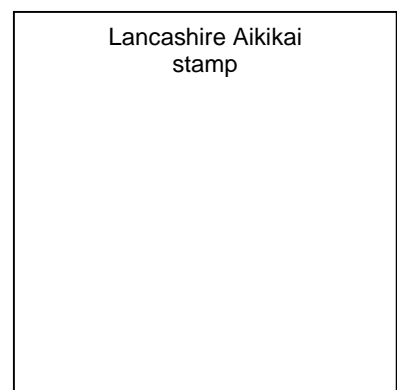
To: [Insert name and address of applicant]

I am satisfied that I know of no reason why you should not :

- teach aikido provided you maintain your instructor's insurance and first aid
- teach aikido provided you maintain your instructor's insurance and first aid but not to classes where young people under 18 years might be present
- assist teaching provided you maintain your student's insurance, maintain the declaration required by the BAB and only work under the direction of a fully qualified and insured teacher
- help in the following manner.....

until *[Insert a date 3 years 3 months hence or earlier date]* unless I revoke the permission before that date.

The intention is this is prepared electronically deleting and changing as necessary leaving only one option in



Signed _____

R Spence
Principal
Lancashire Aikikai

Dated _____

This is the property of the Lancashire Aikikai and must be returned if requested