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DOSHINKAN AIKIDO INTERNATIONAL (DAI) DAN RANKING APPLICATION

[Note: Please PRINT and use black or blue ink to complete this application]

Name: (last, first) _____ DOB: (day/month) _____

Home/ mailing address: _____ Sex: Male Female

Phone number: _____ E-mail address: _____

Occupation: _____ Level of education completed: _____

Aikido History (please complete) **Date** (month/ year) **Instructor:** (include dojo if not Doshinkan)

Aikido study began		
Shodan		
Nidan		
Sandan		
Yondan		
Godan		
Other martial art(s):		

Name of own registered dojo: _____

Testing for rank? _____ DAN Name _____

INSTRUCTOR'S RECOMMENDATION:

I, _____ (____ Dan), recommend that
 _____ be awarded the DAI _____ Dan level,
 with grading responsibility to _____.

(Dojo instructor's signature and date)

AIKIDO ASSOCIATION OF NORTH AMERICA

DAN RANKING AGREEMENT

The Dan rankings presented by the Aikido Association of North America (AANA) are certified by both AANA and Doshinkan Aikido International (DAI). Maintaining the certification is the responsibility of each Dan ranking holder. Aikido is harmony and not just another martial art technical expertise. A commitment to AANA and its philosophy of harmony is part of the testing requirements and is an integral part of maintaining rank. The manner in which Dan ranking holders conduct themselves reflect upon and affect the public's perception of Doshinkan Aikido and AANA/DAI.

I, _____, acknowledge the above and agree that I hold my Dan ranking based upon the following terms and conditions by which I agree to be bound:

1. To the best of my ability, I shall conduct myself in a manner consistent with the harmonious goals of Doshinkan Aikido, AANA, and DAI. I understand my ranking may be revoked for serious misconduct.
2. I shall not practice or teach any martial art other than aikido without the permission of Utada Kancho.
3. I shall not teach aikido, except at the Doshinkan Dojo, or through DAI, without the permission of Utada Kancho. When teaching, I shall teach consistently with the principles and safety concerns espoused by AANA/DAI.
4. If I act contrary to the above, my AANA/DAI Dan ranking shall become automatically revoked.
5. I may voluntarily surrender my Dan ranking by written notice to AANA/DAI in the event that I wish to train in or teach other martial arts. The ranking may likewise be revoked or suspended at the reasonable discretion of AANA/DAI if I violate the spirit of this agreement.
6. In the event that my ranking is revoked or suspended, I shall in no way publicize or represent myself as continuing to hold said ranking.
7. I agree AANA/DAI may enforce this agreement by obtaining, among other relief, an injunction against me.

Date: _____ Dan holder: _____

Utada Kancho, DAI/AANA President: _____

APPLICATION TO TEST FOR DAN RANK

NAME: _____

TELEPHONE: _____

APPLYING FOR RANK: _____

AIKIDO TRAINING SINCE LAST TEST

Regular classes: _____

Utada Sensei's Kenshu: _____

Utada Sensei's clinics: _____

Demonstrations: _____

Teaching classes: _____

Other clinics: _____

Instructor for other clinics: _____

I understand and agree to comply with the conditions under which Dan testing is conducted by the Aikido Association of North America (AANA).

1. There are many dimensions of aikido implicit in the Dan ranks, some of which are less tangible than the physical techniques specified for each rank. I understand that the awarding of Dan rank is to be the decision of Utada Sensei, Head Instructor, AANA/DAI. I agree to accept his decision without question and will not create difficulties for him, for AANA/DAI, for my instructor, or for any of my fellow aikido students, should I fail.
2. Should an accident occur during my test that, in the judgment of the Head Instructor, would make it unsafe or unwise to continue the test, I understand that both my partner and I will fail the test.
3. All of the dues and fees owed by me to my instructor(s) and/or to AANA/DAI are paid in full as of the date of this application.
4. If I have paid my testing fee, but for some reason unable to test, my fees will be refunded up to one week before the test date.
5. If I have paid my testing fee, but for some reason become unable to test in the last week before the test, only 50% (fifty percent) of my fees will be refunded.
6. If I do complete all or part of my test, but do not pass, I do not expect that my testing fees will be refunded.

Signature

Date