



# APPLICATION FOR MEMBERSHIP

<b>Staple Photographs</b>	Staple
	<b>Two Here!</b>

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ P/C: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Club Name: \_\_\_\_\_

How did you hear about the Club: please tick the correct box.

- Posters.  Yellow Pages.  Flyers.  Friend.  Karate Magazine.  Newspaper.  
 Other: \_\_\_\_\_.

### Medical Questionnaire

This questionnaire should cover any conditions, which may affect your physical ability. This is to highlight to your instructor any specific safety precautions necessary for you and the people you are training with. Please tick the appropriate box. Are you?

- ASTHMATIC: Yes  No       EPILEPTIC: Yes  No   
 ARTHRITIC: Yes  No       AFFECTED BY HEART CONDITION: Yes  No   
 A.D.D. OR SIMILAR: Yes  No       DIABETIC: Yes  No

Do you suffer from any other condition that may endanger your safety or that of others: Yes  No

If you ticked "YES" to any of the above, please elaborate with specifics: *(A medical certificate may be required)*

\_\_\_\_\_

### MEMBERSHIP DELARATION

In consideration of the Japan Karate Association World Federation of Australia, hereinafter called the Association.

- I warrant that I am physically and medically able to engage in normal routine of exercise.
- That while the Association will exercise all proper care in the conduct of its Dojo's I will attend the same entirely at my own risk and neither the Association, its Instructors, servants nor individuals shall be responsible for any personal or bodily injury which I may suffer while at a Dojo of the Association. Further, I hereby indemnify and hold harmless the Association, its Instructors, servants and all other persons from and against all legal liability (contractual or otherwise) to me in respect of bodily injury and/or damage or loss of property, arising by any means whatsoever, including the negligence or default (wilful or otherwise) of the Association, its Instructors, servants or any one or more of them or any person for whose negligence or default the Association is or maybe liable or raising out any defect, whether latent or patent in the equipment or premises of the Association. I the undersigned do hereby pledge that I will at all times obey the Rules and Regulations as set down by the Association. I further agree that if I resign from the Association or if at any time I am found guilty of any infringement of the Rules and Regulations which results in my expulsion, I will not be entitled to any reimbursement of fees.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN (If under 18 years of age): \_\_\_\_\_

This form must be accompanied by TWO front view photographs approximately 3cm by 3cm, and fees (annual fee & sport accident insurance fee) as currently stated by the Membership Fee Schedule.

<b>Office Use Only</b>		
Date Received:.....	Amount: \$.....	Membership No:.....

# Informed Consent and Participation Commitment

For participation in Japan Karate Association World Federation of Australia and Australian Karate Federation training, competition and related karate activities.

## Part A

Japan Karate Association World Federation of Australia (JKA/WF Australia) and Australian Karate Federation (AKF) training, competition, and related Karate-Do activities are designed to be non-contact. Due to the very nature of Karate-Do, physical and mental demands can be very high. Techniques are often delivered at high speed and participants are required to move with rapid changes of direction. Also, due to the nature of training and competition, participants may be required to train with, and compete against others of mixed ranges of age, weight, height and skill levels.

Various musculoskeletal injuries may result simply due to the high velocity movement. Also, unintentional physical contact may result during technique delivery, evasion or application of unbalancing or counter techniques.

As a member of JKA/WF Australia, you agree to follow the directions of the Sensei / Teacher. Also, you agree to apply yourself, to the best of your endeavours, to development of your character, to be sincere, to foster and display a spirit of effort, to apply proper etiquette and display courage without impertinence.

You are advised of this inherent risk and the participation commitment expected and by signing this Informed Consent and Participation Commitment Form, and taking part in JKA/WF Australia and AKF Karate activities, (or if a parent or legal guardian allowing your child or ward to take part), you knowingly accept that risk and commitment for yourself (or your child or ward) and absolve JKA/WF Australia and the AKF of any injury, physical or otherwise, that may result due to these inherent risks and participation commitment.

I acknowledge and agree that any media products produced by the Association can be used to promote the JKA/WF Australia. This consent is given under the understanding that I will receive no monetary value in return and that the Association is the true owner of the media product.

## Part B

Therefore, as a parent or legal guardian of the nominated Junior Age Participant named above, I declare that I have read and fully understand the above outlined inherent risks of Karate-Do and the endeavours expected of participants (as per part A) and give my informed consent for participation in JKA/WF Australia, AKF and any other Karate activities that the JKA/WF Australia participate in.

Nominated Junior Age Participant: \_\_\_\_\_  
Please Print Above

Legal Parent/Guardian: \_\_\_\_\_  
Please Print Above

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part C

As a physically fit and mentally competent adult, I declare that I have read and fully understand the above outlined inherent risks of Karate-Do and the endeavours expected of participants (as per Part A) and give my informed consent for participation in JKA/WF Australia, AKF and any other Karate activities that the JKA/WF Australia participate in.

Name: \_\_\_\_\_  
Please Print Above

Signature: \_\_\_\_\_ Date: \_\_\_\_\_