



GOJU KARATE AUSTRALIA

PRE - TRAINING MEMBERSHIP FORM

First name : _____ Surname : _____

Street Address : _____

Suburb : _____ Post Code : _____

Telephone : (H) _____ (W) _____ (M) _____

Emergency contact name : _____ Telephone : _____

Date of birth : _ _ _ _ _

Email address : _____

Occupation : _____

What is your training goal? (Please tick most important box)

Fitness Weight loss Sport Self defence Other : _____

How did you hear about us? (Please tick one box)

Friend Pamphlet Yellow Pages Newspaper Internet other : _____

Medical Questions

Do you have/have you ever had?

	Yes	No		Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
Major injury	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	Liver/kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Any other diseases/conditions: _____

Do you experience?

	Yes	No		Yes	No
Chest pains	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Faint/dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Breathing difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Swelling in ankles	<input type="checkbox"/>	<input type="checkbox"/>	Heart racing/skip a beat	<input type="checkbox"/>	<input type="checkbox"/>
Sharp pain in legs	<input type="checkbox"/>	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>			

Please list the medication you are taking : _____

Risk Factors

	Yes	No		Yes	No
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	Male over 41/female over 51	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Not used to regular exercise	<input type="checkbox"/>	<input type="checkbox"/>
			Heart attack/disease in family	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the medical questions or risk factors, please seek advice from your doctor before starting classes with Goju Karate Australia, or sign here if the condition has already been cleared BY YOUR G.P.

**** Signature : _____ Date : _____ ****

In consideration of Goju Karate Australia allowing access to the centres', the entrant hereby releases and forever acquits and discharges Goju Karate Australia their staff, volunteers and agents from all liability whether personal or to property occasioned to the entrant, the entrant's property and/or any minor in the entrant's care or control, no matter howsoever occasioned in or about Goju Karate Australia training centres.

**** Signature : _____ Date : _____ ****

Application for Membership/Declaration

Please Read and Understand Carefully:

- 1) I the undersigned in consideration of, and a condition of acceptance of my entry in the above school for myself, my heirs, executors and administrators, hereby waive all and any claims, right of cause or action, which I or they might otherwise, arisen out of any loss of life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of consequent upon my entry or participation in the said school.
- 2) This waiver, release and discharge shall be and operates separately in favour of all persons, corporations and bodies involved or otherwise engaged in promoting or staging the event and the servants, agent, representatives and officers of any of them.
- 3) In consideration of being permitted to take part in any karate activities organized by Goju Karate Australia whether intra club or inter club or in any training sessions connected therewith **I/We** agree to release Goju Karate Australia from and against all liabilities, claims, losses, damages costs and expenses of whatever nature, howsoever occurring which may accrue against or be suffered by the Goju Karate Australia arising out of, or connected with my participation in the karate activities regardless of the form of action, whether in contract, tort (including negligence), breach of statutory duty or otherwise and including (without limiting the generality of the foregoing) any action arising out of;
- (a) The state or condition of the Goju Karate Australia premises used to conduct the karate activities. (b) The equipment used by Goju Karate Australia in the conduct of its karate activities, or the conduct of other persons participating in the karate activities.
4. **Voluntary assumption of risk** – You undertake an activity at your sole risk and acknowledge and voluntarily accept the risk consequent with the activities.

DECLARATION

I Have fully read and understand that Goju Karate Australia accepts no responsibility for any injuries incurred, and agree to abide by all of the rules and regulations expected as a student therein. I will adhere to the Student Creed of Goju Karate Australia.

Applicant Name: _____ Signature : _____

Signature of Parent or Guardian : _____ Date : _____
(Where student is under 18 years)

Signature of Instructor: _____