

## ENROLMENT FORM

### PERSONAL DETAILS

Mr. <input type="checkbox"/>	/ Mrs. <input type="checkbox"/>	/ Miss <input type="checkbox"/>	/ Ms <input type="checkbox"/>		
First names:			Surname:		
HOME ADDRESS					Post code
POSTAL ADDRESS					Post code
EMAIL ADDRESS			HOME PHONE		
DATE OF BIRTH			MOBILE PHONE		

### EMERGENCY CONTACT DETAILS

First names:			Surname:		
Relationship to self					
HOME PHONE			MOBILE PHONE		
HOME ADDRESS					Post code

### MARTIAL ARTS HISTORY

PREVIOUS KARATE TRAINING	No <input type="checkbox"/> Yes <input type="checkbox"/>	STYLE	
TIME TRAINING		SENSEI	
DATE LAST TRAINED		RANK ATTAINED	

Where did you find out about the Club? \_\_\_\_\_

### MEDICAL DISCLOSURE / HISTORY

#### Details

HEART PROBLEMS	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
RESPIRATORY PROBLEMS	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
BLOOD PROBLEMS	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
MUSCULAR PROBLEMS	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
BACK / NECK STRAIN INJURY	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
ARM / LEG / HIP PROBLEMS	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
MENTAL ILLNESS	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
ALLERGIES	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
ARTHRITIS / JOINT PROBLEMS	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
EPILEPSY / FITS / SEIZURES	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
PREGNANCY	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
ALLERGIC TO ANY MEDICATION?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
ANY OTHER KNOWN MEDICAL / MENTAL PROBLEMS?			

\*It is **a requirement and your responsibility** to disclose any known or potential medical / mental condition(s) prior to commencing Karate training.

\*\*If you suffer from any medical or mental condition it is also **a requirement and your**

**responsibility** to seek approval from a qualified Doctor (GP) prior to commencement of Karate training.

*Please turn over*

**I fully understand** that the sport of Karate involves the risk of injury to me or damage to my property. These dangers have been clearly explained to me by a member/servant of Seishikan and Seishikan Australia, and **I agree to accept all such risks.**

**I also agree**, if accepted as a member, to **release** Seishikan and Seishikan Australia and all its servants or agents from any claims or actions for damages which I, my executors, administrators or assigns may now, or in the future, may have against them, for injury, damages or costs received or incurred by me whether resulting from:

- a) the dangerous nature of the sport of karate
- b) the use by Seishikan and Seishikan Australia or its servants or agents of faulty or dangerous equipment or premises
- c) any other act or neglect of Seishikan, Seishikan Australia or its servants or agents.

(The term "agent" includes any school, club, Dojo of Seishikan and Seishikan Australia or the like registered with Seishikan and Seishikan Australia and any servant of the same).

**I agree** to abide by all Rules and Regulations of Seishikan and Seishikan Australia.

**I further agree** to conduct myself in a proper, courteous and understanding manner to be respectful to Instructors and other students, and to refrain from any activity which may bring disrespect upon Seishikan and Seishikan Australia.

**Definitions**

- a) "Personal Injury" has its ordinary English meaning and includes any injury for which a person might be awarded under General Damages and/or Special Damages at Common Law.
- b) "Any Action" means any claim, right and/or course of action for damages at Common Law or pursuant to any statute.
- c) "The Rules" means the rules for the time being of Seishikan and Seishikan Australia.

**I have read the Rules, Medical Disclosure notes, Disclaimer, Definitions and Declaration, understand them and have filled in my form correctly and honestly and as such my signature appears below:**

<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	/	/
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**UNDER 18 ONLY**

**Whereas I and the applicant** have been informed of the risk of personal injury or damage to or loss of his/her property involved in the sport of karate, and we have agreed to accept those risks and to release Seishikan and Seishikan Australia from any liability for such injury, damage or loss howsoever resulting from the dangerous nature of the sport or from any other cause.

I, for myself, my executors, administrators and assigns agree to indemnify Seishikan and Seishikan Australia and all its servants, or agents, against any claims or actions brought by or on behalf of the applicant, his/her executors, administrators and assigns in respect of:

- a) personal injury received by the Applicant.
- b) damage to or loss of the property of the Applicant.
- c) costs or expenses incurred by the Applicant.

**I have read the Rules, Medical Disclosure notes, Disclaimer, Definitions and Declaration, and have ensured the child who is in my care whose name appears on this form understands them and have filled in the form correctly and honestly and as such my signature to give consent to him / her to practice Karate with Seishikan appears below:**

<b>SIGNATURE OF PARENT / GUARDIAN</b>		<b>DATE</b>	/	/
<b>PRINTED NAME OF PARENT / GUARDIAN</b>		<b>PHONE NUMBER</b>		