

Training Venue:  
 New Town High School  
 6 Midwood St  
 New Town TAS 7009  
 Ph: 0422 236 934



Kintora is insured through  
 Australian Karate Federation.  
 Please see Sensei Suzie if you  
 would like to read a copy of  
 the insurance policy.

### KINTORA MEMBERSHIP APPLICATION

SURNAME:	FIRST NAME:
ADDRESS:	
POST CODE:	STATE:
DATE OF BIRTH:	GENDER:
DAYTIME PHONE:	MOBILE:
EMAIL:	

#### EMERGENCY CONTACTS

NAME	RELATIONSHIP	CONTACT NUMBER
1.		
2.		
3.		

#### MEDICAL QUESTIONNAIRE (please circle yes or no)

Do you smoke?	YES	NO
Are you on any medications likely to affect your karate training? If yes, please specify:	YES	NO

Do you have or have you suffered from any of the following conditions?

Diabetes	YES	NO
Asthma		
Epilepsy	YES	NO
Heart Condition	YES	NO
Rheumatic Fever	YES	NO
High Blood Pressure	YES	NO
Low Blood Pressure	YES	NO
HIV	YES	NO
Do you have any other conditions that you feel may interfere with your karate training or could put any others at potential risk? If yes, please specify:	YES	NO

With the exception of Asthma, if you have answered yes to any of the above conditions, you must obtain a written doctor's clearance before this application can be accepted and prior to commencement of any training sessions.

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

PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE): \_\_\_\_\_

DATE: \_\_\_\_\_

## MEMBERSHIP DECLARATION

**In consideration of Kintora Shotokan Karate Do, hereafter referred to as Kintora:**

1. I warrant that I have a clean record, without prior convictions.
2. I will attend training sessions entirely at my own risk and neither Kintora, its instructors, servants, agents nor individuals shall be responsible for any personal or bodily injury which I may suffer whilst at a training session of Kintora. Further, I hereby indemnify and hold harmless Kintora, its instructors, servants, agents and all other persons from and against all legal liability (contractual and 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 Kintora, its instructors, servants, agents or anyone or more of them or any person for whose negligence or default Kintora is or may be liable or arising out of any defect, whether latent or patent in the equipment or premises of Kintora.
3. I, the undersigned, do hereby pledge that I have filled out this standard application form and standard medical questionnaire honestly and correctly to the best of my knowledge for myself (THE APPLICANT) OR as parent or guardian on behalf of THE APPLICANT. I also pledge that any accompanying doctor's examination reports attached to this membership application form that may have been required as per the medical questionnaire are an authentic and original medical record from a registered Medical Practitioner.
4. I, the undersigned, do hereby pledge that I will at all times be bound by the rules and regulations as set down by Kintora. I further agree that if I resign from Kintora or if at any time I am found guilty of an infringement of the rules and regulations which results in my expulsion, I will not be entitled to any reimbursement of fees.
5. I acknowledge that this membership application is not binding on Kintora nor the applicant UNTIL the form of acceptance below has been signed by or on behalf of Kintora.
6. As Parent/Guardian of the Applicant, I hereby pledge to accept all the conditions set by Kintora in this membership declaration on behalf of the Applicant.
7. I hereby authorise Kintora and/or Kintora's nominated representative to capture photographic, digital or other electronic images during training sessions or events organised by Kintora. I further acknowledge that Kintora owns all Intellectual Property rights in respect to these photographic, digital or other electronic images and may, at Kintora's sole discretion, publish, display or otherwise use these images for promotional purposes.

**PLEASE CIRCLE:**

I am applying for an annual individual membership of \$75(adults).	YES	NO
I am applying for an annual individual membership of \$50(children).	YES	NO
I am applying for an annual family membership of \$110 (3 or more immediate family members) If yes, please list names and birthdates of all other family members:	YES	NO
2. _____	Date of Birth: _____	
3. _____	Date of Birth: _____	
4. _____	Date of Birth: _____	
5. _____	Date of Birth: _____	
6. _____	Date of Birth: _____	
7. _____	Date of Birth: _____	
My membership fee is enclosed with my eldest family member's form.	YES	NO
<b>TOTAL MEMBERSHIP FEES ENCLOSED:</b>	<b>\$ _____</b>	

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OFFICE USE ONLY:**

Is a doctor's clearance required?	YES	NO
Has a doctor's clearance been sighted?	YES	NO
SIGNED: _____	DATED: _____	
<b>SIGNATURE OF ACCEPTEE BY/FOR AND ON BEHALF OF KINTORA:</b> _____  <b>DATE:</b> _____		
<b>MEMBERSHIP NUMBER:</b>	<b>DATE JOINED:</b>	
<b>AMOUNT PAID:</b>	<b>RENEWAL DATE:</b>	