



# Shotokan Karate Institute of New Zealand (SKINZ)

P.O. Box 90425, AMSC, New Zealand

Tel : (09) 627 6237

Email : info@shotokan.org.nz

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## MEMBERSHIP APPLICATION FORM

(BLOCK LETTERS PLEASE)

FAMILY NAME : \_\_\_\_\_ GIVEN NAME : \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUBURB: \_\_\_\_\_

CITY: \_\_\_\_\_ MOBILE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMERGENCY CONTACT PH.NO. \_\_\_\_\_

EMAIL : \_\_\_\_\_ OCCUPATION : \_\_\_\_\_

How would you like us to Contact you ?  Phone  Email  Post

Have you ever practiced any other martial arts ?  Yes  No

If Yes, which one ? \_\_\_\_\_ when ? \_\_\_\_\_

Do you suffer from any of the following ?

Migraine  Epilepsy  Hay Fever  Diabetes  Haemophilia

Heart Disorders  Nervous Disorders  Respiratory Problems (e.g Asthma)

Do you wear contact lenses ?  Yes  No

Any Physical Disabilities (Please state) \_\_\_\_\_

Have you ever been convicted of a crime of violence ?  Yes  No

How did you hear about SKINZ ?

Yellow Pages  Martial Arts Magazine  Newspaper Advt.  Posters  Radio

Friend  Other \_\_\_\_\_

Why do you want to learn Karate ?

Self defence  Fitness  Building self confidence  Hobby  Competition

To perform publicly  Philosophy  Other \_\_\_\_\_

### DECLARATION

In consideration of Shotokan Karate Institute of New Zealand, hereinafter called the Organisation.

1. I warrant that I am physically and medically able to engage in a normal routine of exercise.
2. I promise to uphold the true spirit of Karate-do and never to use the skills that I am taught against any persons, except for defence of myself or others in the instance of extreme danger or unprovoked attack, or in support of law and order.
3. That while the Organisation 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 Organisation, Its Instructors, servants nor individuals shall be responsible for any personal or bodily injury which I may suffer whilst at a Dojo of the Organisation. Further, I hereby indemnify and hold harmless the SKINZ, 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 Organisation, its Instructors, servants or any one or more of them or any person for whose negligence or default the Organisation is or maybe liable or arising out of any defect, whether latent or patent in the equipment or premises of the Organisation. I the undersigned to hereby pledge that I will at all times obey the Rules and Regulations as set down by the Organisation. I further agree that if I resign from the Organisation 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 : \_\_\_\_\_

### Guardian (if the applicant is under the age of 18)

I am the parent or legal guardian of the applicant and I consent to the applicant participating in any classes, courses, tournament or event conducted by the Shotokan Karate Institute of New Zealand subject to this declaration. I have read the declaration and I fully understand the contents. I have made a copy for my own records or I have decided not to retain a copy. I understand that this release and waiver is a legal document and I have consulted with a lawyer before submitting it or have decided not to consult a lawyer. The applicant is in proper physical condition to participate in karate training.

Name of the Guardian \_\_\_\_\_ Signature \_\_\_\_\_

**OFFICE USE ONLY** : ALLOCATED MEMBERSHIP NUMBER \_\_\_\_\_ DATE \_\_\_\_\_