



Shotokan Karate Institute of New Zealand (SKINZ)

P.O. Box 90425, AMSC, New Zealand

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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 _____