



沖繩空手道剛柔流

明武館

Okinawa Karate - Do Go Ju Ryu

Mei Bu Kan

Australia



FEE PAID \$
 INSURANCE FEE PAID (Y/N)
 RECEIVED BY
 RECEIVED ON

APPLICATION FORM

DATE

SURNAME :
 GIVEN NAMES :
 CURRENT ADDRESS :
 POSTCODE

TELEPHONE : (HOME) (WORK)

DATE OF BIRTH : (SEX)

DATE OF JOINING :

HAVE YOU DONE ANY MARTIAL ARTS BEFORE? :

IF YES, WHAT STYLES? :

HAVE YOU JOINED OUR CLUB (MEI BU KAN GO JU RYU) BEFORE?: (Y/N)

WHO WAS THE INSTRUCTOR? :

WHERE WAS THE TRAINING BRANCH? :

* NB *

IT IS THE CONDITION OF OUR CLUB THAT ALL NEW APPLICANT MUST BE INSURED AND THEREFORE MUST PAY AN ADDITIONAL ANNUAL INSURANCE FEE WHEN JOINING. THIS WILL AUTOMATICALLY COVER THE APPLICANT FOR THAT YEAR IN THE UPCOMING TOURNAMENT(S).

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#### DECLARATION

I PROMISE TO BEHAVE MYSELF AT ALL TIMES, WITHIN AND OUT OF THE CLASS / DOJO.

I PROMISE TO TRY AND PREVENT INJURY TO MYSELF AND TO OTHERS TO THE BEST OF MY ABILITY AND AGREE THAT I WILL TAKE ALL RESPONSIBILITY OF ANY INJURIES INCURRED.

I DO NOT HOLD THE CLUB OR ITS MEMBERS LIABLE FOR ANY INJURIES INCURRED.

SIGNATURE OF APPLICANT .....

SIGNATURE OF PARENT/GUARDIAN .....

\* IMPORTANT \*

PARENT OR GUARDIAN'S SIGNATURE IS REQUIRED IF THE APPLICANT IS UNDER 18 YEARS OF AGE.

#### HEADQUARTERS:

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