



Bujutsu Martial Arts - JKA Townsville

Membership Form

Note: Please print out a copy of this checklist, sign and submit the same along with your application.

Karate Student Full Name: _____ D.O.B: ____/____/____

Instructions		Application Form / Documents	You	Budō
1	_____	Membership Form_Bujutsu Townsville v1.2	<input type="checkbox"/>	
2	Read and complete the application in order. Ensure accuracy of the details entered in application.		<input type="checkbox"/>	
3	Print out all the forms in good quality single sided.		<input type="checkbox"/>	
4	All forms must be checked & signed off prior to submitting.	Email a Face Photo to bujutsu.townsville@gmail.com	<input type="checkbox"/>	
6	Submit application in person at next training session.	Membership Form_Bujutsu Townsville v1.2	<input type="checkbox"/>	
7	Yearly Membership Payment. Includes JKA membership & Insurances No Refunds.	<input type="checkbox"/> \$50.00	<input type="checkbox"/>	<input type="checkbox"/>
8	2022 Term Schedule Term 1: 24 Jan - 01 Apr 22 (10 Weeks) Term 2: 19 Apr - 24 Jun 22 (10 Weeks) Term 3: 11 Jul - 16 Sep 22 (10 Weeks) Term 4: 04 Oct - 09 Dec 22 (10 Weeks)	<input type="checkbox"/> Per Term Fee \$180 unlimited classes <input type="checkbox"/> Tick if GI is required (\$45.00) Size : <input type="checkbox"/> Tick if JKA Passport is required (\$20.00) Tick if Part Fee applies	<input type="checkbox"/>	<input type="checkbox"/>
9	Method of payment is Direct Bank Transfer.	Account: Bujutsu Martial Arts - JKA Townsville BSB: 084 - 961 Account No: 709540872	<input type="checkbox"/>	

FOR ADMIN USE ONLY

Date: ____/____/____ <input type="checkbox"/> Application Approved <input type="checkbox"/> Application Rejected Reason for rejection:	Date: ____/____/____ <input type="checkbox"/> Membership Registration of \$50.00 received <input type="checkbox"/> Term payment received <input type="checkbox"/> any other required payments confirmed
Student Membership Number & Dojo Login (UID)	UID _____ Password _____



JKA/WF AUSTRALIA

PRE-PARTICIPATION QUESTIONNAIRE

All information on this sheet is confidential. Access to this sheet is limited to the National/ State Management Committee, First Aider and Coach/Instructor.

Personal Details

Surname	<input type="text"/>	Given Name(s)	<input type="text"/>
Street Address	<input type="text"/>	Home Phone	<input type="text"/>
Suburb Town/City	<input type="text"/>	Date of Birth	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>
Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	Email <input type="text"/>

Emergency Contact

Surname	<input type="text"/>	Given Name(s)	<input type="text"/>
		Phone	<input type="text"/>

Medical Details

Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<u>Asthma / Allergies</u>		
Hepatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you suffer from asthma or Allergies?		
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Heart Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, do you take medication?		
Heart Murmur	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hernia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there any past injuries that may affect your performance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			If yes, please list <input type="text"/>		

To the best of my knowledge, all information contained on this sheet is correct
(if under 18 please have parent or legal guardian sign)

Signature	<input type="text"/>	Date	<input type="text"/>
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APPLICATION FOR MEMBERSHIP

Club Name: Bujutsu Martial Arts - JKA Townsville

Surname: _____ Given Names: _____

Nationality: _____ Age: _____ Date of Birth: ___ / ___ / ___ Phone: _____

Address: _____ Suburb: _____ P/C: _____

Email Address: _____

Parents Name: _____

How did you hear about the Club?

Medical Questionnaire

This questionnaire should cover any conditions, which may affect your physical ability. This is to highlight to your instructor any specific safety precautions necessary for you and the people you are training with.

Please tick the appropriate box. Are you?

ASTHMATIC: Yes No EPILEPTIC: Yes No AFFECTED BY HEART CONDITION: Yes No

A.D.D. OR SIMILAR: Yes No DIABETIC: Yes No

Do you suffer from any other condition that may endanger your safety or that of others: Yes No

If you ticked "YES" to any of the above, please elaborate with specifics: *(A medical certificate may be required)*

MEMBERSHIP DELARATION

In consideration of the Japan Karate Association World Federation of Australia, hereinafter called the Association.

1. I warrant that I am physically and medically able to engage in normal the routine of exercise.
2. While the Association will exercise all proper care in the conduct of its Dojo's I will attend the same entirely at my own risk. Neither the Association, its Instructors, servants nor individuals shall be responsible for any personal or bodily injury which I may suffer while at a Dojo of the Association. Further, I hereby indemnify and hold harmless the Association, 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 Association, its Instructors, servants or any one or more of them or any person for whose negligence or default the Association is or maybe liable or raising out any defect, whether latent or patent in the equipment or premises of the Association. I the undersigned do hereby pledge that I will at all times obey the Rules and Regulations as set down by the Association. I further agree that if I resign from the Association 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: _____

PARENT/GUARDIAN (If under 18 years of age): _____

Please Note: No Refunds

Informed Consent and Participation Commitment

For participation in Japan Karate Association World Federation of Australia and Australian Karate Federation training, competition and related karate activities.

Part A

Japan Karate Association World Federation of Australia (JKA/WF Australia) and Australian Karate Federation (AKF) training, competition, and related Karate-Do activities are designed to be non-contact. Due to the very nature of Karate-Do, physical and mental demands can be very high. Techniques are often delivered at high speed and participants are required to move with rapid changes of direction. Also, due to the nature of training and competition, participants may be required to train with, and compete against others of mixed ranges of age, weight, height and skill levels.

Various musculoskeletal injuries may result simply due to the high velocity movement. Also, unintentional physical contact may result during technique delivery, evasion or application of unbalancing or counter techniques.

As a member of JKA/WF Australia, you agree to follow the directions of the Sensei / Teacher. Also, you agree to apply yourself, to the best of your endeavours, to development of your character, to be sincere, to foster and display a spirit of effort, to apply proper etiquette and display courage without impertinence.

You are advised of this inherent risk and the participation commitment expected and by signing this Informed Consent and Participation Commitment Form, and taking part in JKA/WF Australia and AKF Karate activities, (or if a parent or legal guardian allowing your child or ward to take part), you knowingly accept that risk and commitment for yourself (or your child or ward) and absolve JKA/WF Australia and the AKF of any injury, physical or otherwise, that may result due to these inherent risks and participation commitment.

I acknowledge and agree that any media products produced by the Association can be used to promote the JKA/WF Australia. This consent is given under the understanding that I will receive no monetary value in return and that the Association is the true owner of the media product.

Part B

Therefore, as a parent or legal guardian of the nominated Junior Age Participant named above, I declare that I have read and fully understand the above outlined inherent risks of Karate-Do and the endeavours expected of participants (as per part A) and give my informed consent for participation in JKA/WF Australia, AKF and any other Karate activities that the JKA/WF Australia participate in.

Nominated Junior Age Participant: _____
Please Print Above

Legal Parent/Guardian: _____
Please Print Above

Signature: _____ Date: _____

Part C

As a physically fit and mentally competent adult, I declare that I have read and fully understand the above outlined inherent risks of Karate-Do and the endeavours expected of participants (as per Part A) and give my informed consent for participation in JKA/WF Australia, AKF and any other Karate activities that the JKA/WF Australia participate in.

Name: _____
Please Print Above

Signature: _____ Date: _____