



## Jeffsan Karate Centre

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### APPLICATION FOR MEMBERSHIP

(BLOCK CAPITAL LETTERS PLEASE)

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

DATE OF BIRTH: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUBURB: \_\_\_\_\_ P/CODE: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W) (if app): \_\_\_\_\_ FAX: \_\_\_\_\_ MOBILE: \_\_\_\_\_

REGISTERED DOJO: \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF ANOTHER KARATE CLUB? \_\_\_\_\_

IF YES, WHICH ONE? \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### MEMBERSHIP DECLARATION

In consideration of Shotokan Karate Coalition

1. I warrant that I have a clean record, without prior convictions.
2. I warrant that I am physically and medically able to engage in a normal routine of exercise.
3. That 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 and neither the Association, its Instructors, servants nor individuals shall be responsible for any personal or bodily injury which I may suffer whilst 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 anyone or more of them or any person for whose negligence or default the Association is or maybe liable or arising out of 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.
4. Notice period of 1 month's fees must be paid on resignation.

NOMINATED JUNIOR AGE PARTICIPANT (IF UNDER 18YRS OF AGE): \_\_\_\_\_

PLEASE PRINT ABOVE

LEGAL PARENT/GUARDIAN: \_\_\_\_\_

PLEASE PRINT ABOVE

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

OR

NAME: \_\_\_\_\_

PLEASE PRINT ABOVE

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