

WAVERLEY AIKIDO SCHOOL INC MEMBERSHIP APPLICATION

About this form

This membership form provides us with information about you that will help us stay in touch and, if necessary, help us provide appropriate first-aid treatment.

We encourage you to approach your training with a patient, careful and responsible attitude, aiming to maintain the health and safety of yourself and others at all times. If at any time you have any injuries or safety concerns please discuss them with your instructor (and/or seek professional medical advice if necessary).

We hope you find your Aikido journey as enjoyable and rewarding as we do!

MEMBERSHIP DETAILS

Membership type (circle one):

Ordinary

Junior

Social

Applicant's details

Given name(s): Surname:

Address:

Phone: Business hours: After hours:

Email: Date of birth: / /

Occupation:

Emergency contact details

Given name(s): Surname:

Phone: Business hours: After hours:

Relationship to applicant: Parent Family Friend Other:

MEDICAL PROFILE

The purpose of collecting the medical information below is to help make training safer and to help us to assist you in the event of an emergency. Information provided will be made available to instructors, first aid staff and medical professionals, but will otherwise be kept confidential.

If you have any pre-existing medical conditions, injuries or concerns about participating, we encourage you to seek medical clearance from your doctor prior to participating in sport and Aikido.

Members who are pregnant or planning a pregnancy should be aware that there may be theoretical risks involved in practising Aikido during pregnancy. Members are strongly advised to obtain professional medical advice regarding the advisability of practising Aikido during a pregnancy.

Medical profile details

Do you have any health problems that:

- may affect you whilst doing exercise or training
- may be important for instructors, first aid staff or medical professionals to be aware of in the event of an injury or medical treatment being required

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eg. Existing, recurring or previous injuries, medical conditions or allergies including (but not limited to):

- | | |
|--------------------------|---|
| • Epilepsy | • Hernia |
| • Diabetes | • Joint dislocations |
| • Heart problems | • Neck or spinal injuries |
| • Asthma/Bronchitis | • Allergies (to tape, ice or other allergens) |
| • Breathing difficulties | |
| • Fainting | |

If so, please provide details here:

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What first aid treatment do you normally require for these conditions?

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Do you have any injuries or conditions (dislocations, fractures, weaknesses, etc) which may be exacerbated during exercise?

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Is there any further information which may be helpful in case of emergency?

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If applicable, do you bring your medication to training? YES NO

Do you wear contact lenses whilst playing sport? YES NO

Are you prescribed drugs which may impair reaction time or judgement? YES NO

Please provide details:

Have you suffered any incapacity (including concussion) requiring medical attention in the past 12 months? YES NO

Please provide details:

Medical contact details – preferred doctor

Given name(s): Surname:

Address:

Phone: Business hours: After hours:

Medical contact details – preferred dentist

Given name(s): Surname:

Address:

Phone: Business hours: After hours:

OPTIONAL INFORMATION

Your martial arts path

Are there things that you think would be constructive for us to know about?

You might like to mention previous martial arts training, prior difficulties, prior bad experiences.

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What are you looking for in your Aikido training? Do you have any particular goals, hopes or areas of special interest?

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SIGNATURES

To the best of my knowledge the information I have provided on this form is true and accurate.

Date:

Applicant signature:

Guardian's consent (for applicants under 18 years):

Given name(s): Surname:

Address:

Relationship to applicant:

Signature:

Office use only

Copy of form made for dojo emergency reference

Document version: 20090726

Waverley Aikido School Inc

(Reg no: A0051561S)

Waiver, Release, Discharge and Indemnity

I, _____

of (address) _____

acknowledge and understand that activities in which I may take part in at Waverley Aikido School Inc involve a risk of physical harm and/or personal injury including permanent disability and/or death. I acknowledge and understand that any such injury may not only result from my actions but may also result from the actions, omissions or negligence of others.

In consideration for, and on acceptance of my application for membership of the Waverley Aikido School Inc and to take part in activities run by the Waverley Aikido School Inc:

1. I warrant that I am medically fit (including physically and mentally) to participate in martial arts activities. I further warrant that I have not been advised by a medical practitioner or similar professional not to engage in martial arts as offered at Waverley Aikido School Inc. If I have received such advice, I agree not to participate in such activities until advised that it is safe to do so by a medical practitioner or similar professional.
2. I acknowledge and understand that the activities engaged in involve a risk of physical injury including lasting injury and/or disability and/or death and I agree that I will assume all risks in connection to my participation in the Waverley Aikido School Inc.
3. I agree that I will obey the rules and conditions of the Waverley Aikido School Inc and obey any lawful directions of any teachers or instructors that may be engaged by the Waverley Aikido School Inc from time to time, including those contained in writing or any verbal instructions.
4. I hereby waive, release, discharge and indemnify the Waverley Aikido School Inc and all its servants, agents, employees and other students or persons under Waverley Aikido School Inc's control ("the indemnified") from all and any claim, right or cause of action howsoever arising including from any negligent act or omission of any person, whether or not identified in this document which I may otherwise have or arising out of any injury, disability or fatal injury caused to me, damage or loss of any description of whatsoever kind and howsoever caused which I may suffer or sustain in the course of or consequent upon my participation in Waverley Aikido School Inc.
5. I agree that the Waiver, Release, Discharge and Indemnity contained in paragraph 4 herein will operate in favour of Waverley Aikido School Inc and its employees, assignees, sponsors, agents, officers, directors and related body corporate ("the Released Persons") and shall so operate whether or not the loss, injury or damage is due or attributable to an act, neglect or omission (including from any negligent act or omission of other persons) from any one or more of the Released Persons.

6. I agree that the Waiver, Release, Discharge and Indemnity contained in paragraph 4 herein may be pleaded as a complete bar to any claim, notice, demand, action, proceedings, litigation or judgement which has been or may be brought or made or recovered against the Waverley Aikido School Inc or the Released Persons and that same is binding on me, my heirs, executors, administrators, dependants, assignees, nominees or other personal representatives.

I have read this carefully and understand the Waiver, Release, Discharge and Indemnity and having done so I sign voluntarily and without any pressure from any person.

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Signature of Applicant (if above 18 years of age)

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Print name in full

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Date

Declaration for Minors

If any applicant is under 18 years of age at the time that this document is signed, the declaration must be signed by a parent or guardian of the applicant.

The person(s) named below warrant and certify that he or she is a parent or guardian of the child named below and that the child has our/my consent to and is capable of participating in the Waverley Aikido School Inc. The person(s) named below assert that he or she has read and understood this declaration and the above Waiver, Release, Discharge and Indemnity and agrees on behalf of the child to be bound by each of those conditions and having done so signs voluntarily and without pressure from any person.

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Name of Applicant Child

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Signature of Parent/Guardian

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Print name of Parent/Guardian in full

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Date

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Relationship of parent/guardian to child