

# Aikido Yoshinkai NSW Application

Surname .....

Given names .....

Address.....Suburb.....

Postcode.....Ph:(mobile).....(Other).....

Occupation: ..... D.O.B. (DDMMYY) .....

Email Address.....

## **Health Declaration**

Are you prescribed drugs which may impair reaction time or judgment?

YES If yes, what drugs?.....

NO

Have you suffered any incapacity requiring medical attention in the past 12 months?

YES If yes, give details?.....

NO

## **Exclusion of Applicant**

Have you ever been excluded from Martial Arts in the past by a medical practitioner or any other person or entity or a Martial Arts Club?

YES If yes, give details?.....

NO

Declaration of Understanding

## **Martial Arts Is Dangerous**

I have read and understood the terms of the Martial Arts Contract or if I did not understand the terms of the contract I requested an independent person to explain them to me.

Dated this.....day of.....20.....

Applicant Signature.....

## **Witness Name**

**and Signature**.....

## **Guardian's Consent:** (for all persons under 18 years)

I hereby certify and decree that all the information contained in the declarations above is true and accurate.

Signature.....Relationship to Applicant.....

Address in Full.....

**Aikido Yoshinkai NSW  
Martial Arts Contract  
Martial Arts is Dangerous  
The following must be read carefully:**

1. Interpretation  
"The Applicant" means the individual who signs this Contract and agrees to be bound by its terms and includes a guardian of that individual if the individual is under 18 years of age.

2. Acceptance  
I, *(full name)*  
.....  
of *(residential address)*  
.....  
I, *(full name of Guardian)*  
.....  
of *(residential address of Guardian)*  
.....

The Applicant, hereby agree to be bound by the terms of this Contract with Aikido Yoshinkai NSW and the persons named and described in Schedule 1, hereinafter jointly and severally referred to as "the providers". The providers agree to permit me to use their premises and facilities for Martial Arts, to instruct me in Martial Arts and related activities ("the service) upon and subject to the following terms and conditions:

**(a) Club Fees**

The Applicant will pay on demand the prescribed or stated fee for the service. Such fees may be notified to the Applicant by letter or memorandum or by notice displayed in the provider's premises or premises occupied by the provider or verbally.

**(b) Medical Conditions**

The Applicant warrants that he or she has not at any time suffered any blackout, seizure, convulsion, fainting or dizzy spells and is not presently receiving treatment for any illness, disorder or injury which would render it unsafe for the Applicant to take part in Martial Arts.

**(c) Exclusion of Applicant**

The Applicant warrants that he or she has not at any time been excluded from Martial Arts by a medical practitioner or any person or entity including a Martial Arts Club.

**(d) Rights of a Consumer**

If the Trade Practices Act 1974 or similar state laws apply to this agreement then certain terms and rights may be implied into this contract which operate for the benefit of the supplier flowing from them, cannot be excluded, restricted or modified by any provision of the contract.

2.

**Please Note The Following:**

If the Trade Practices Act 1974 or similar state laws operates so as to prevent exclusion, restriction or modification of warranties otherwise implied by those laws then the liability of the offerer for breach of those warranties is limited to:

- (i) The resupply of Martial Arts instruction and related activities
- (ii) The payment of the cost of having the Martial Arts and related activities supplied again.

**(e) Waiver and Indemnity**

In all other cases and except where inconsistent with the above, the Applicant for him/herself, his/her executors, administrators, dependents and other personal representatives, hereby absolves and indemnifies the providers and all their servants, agents, employees and other students or persons under the providers control (the "indemnified") from all liability howsoever arising for injury or damage (including but not limited to the Applicants person, whether fatal or otherwise, property and personal belongings) however caused including by the negligence of the indemnified, arising out of or participating in Martial Arts or in connection with Martial Arts or in anyway caused by, or arising out of, any activity carried on by the indemnified.

**(f) Martial Arts done at Applicants own Risk**

Any person training Martial Arts, or in activities connected with Martial Arts or participating in any activity carried on by this club / Academy Company are only allowed to do so on the distinct understanding that they do so entirely at their own risk.

**(g) Acceptance**

Performance of the provider's obligations under the contract may be affected by any one or more of the providers either jointly or severally.

**(h) Governing Law**

Any agreement entered into pursuant to this acceptance is to be governed by the laws of the State of NSW and the courts of NSW shall have exclusive jurisdiction to entertain any action in respect of such agreement.

**(i) Agreement to Abide by Aikido Yoshinkai NSW Rules**

I, the applicant, agree that I will abide by the Aikido Yoshinkai NSW Code of Conduct and agree and acknowledge that any failure to abide by the Code of Conduct may result in my expulsion from Aikido Yoshinkai NSW.

**(j) Statement of Understanding**

I, the Applicant have read, or have had read to me the above conditions and having understood the same, I consent to the activities proposed.

Signed (*Applicant*).....

This (*date*)..... day of (*month*).....20.....

**In the presence of : (*Name of witness*)**.....

**Signature of witness**.....

[This contract must be signed by a guardian if the applicant is under the age of 18.]

Schedule 1

In addition to Aikido Yoshinkai NSW, the providers in respect of this agreement include:

- (a) Aikido Yoshinkai NSW  
Registration Number BN 981 33 548  
ABN 6659421756
- (b) The staff and instructors including but not limited to:  
Aikido Yoshinkai NSW  
Darren Friend  
Peggy Woo

Please list any previous martial arts experience and rank, tell us why you would like to train aikido and **list three goals** you wish to obtain.

**Office Use Only**

Payment method:      Cash                      Credit Card              Cheque  
                                    Bank Transfer      Direct Debit

Start Date:      DDMMYY\_\_\_\_\_

Tuition structure: \_\_\_\_\_      Dogi issued \_\_\_\_\_

Member Card Issued      \_\_\_\_\_      Welcome email      \_\_\_\_\_  
AYNSW Member List      \_\_\_\_\_      Scanned      \_\_\_\_\_  
AYNSW Mail List      \_\_\_\_\_      **Referral method:**



# 合気道 Pre-Participation Questionnaire

**AIKIDO YOSHINKAI N.S.W**

All Information on this sheet is confidential. Access to this sheet is limited to Instructors & First Aid Officers of Aikido Yoshinkai NSW.

Personal Details		
Surname	<input type="text"/>	Given Name(s) <input type="text"/>
Address	<input type="text"/>	
	<small>number</small>	<small>street</small> <input type="text"/> <small>town</small> <input type="text"/> <small>postcode</small> <input type="text"/>
Phone:(hm)	<input type="text"/>	wk <input type="text"/> mob <input type="text"/>
Sex	M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth <input type="text"/>
Occupation	<input type="text"/>	
Emergency Contact		
Surname	<input type="text"/>	Given Name(s) <input type="text"/>
Phone:(hm)	<input type="text"/>	wk <input type="text"/> mob <input type="text"/>
Relationship	<input type="text"/>	
Health Care Details (Optional)		
Medicare Number	<input type="text"/>	Private Health Care? Yes <input type="checkbox"/> No <input type="checkbox"/>
Private Doctor	<input type="text"/>	Phone <input type="text"/>
Can the Doctor be contacted at all times?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> <small>after hours contact</small>
Private Dentist	<input type="text"/>	Phone <input type="text"/>
Can the Dentist be contacted at all times?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> <small>after hours contact</small>
Any other relevant information?	<input type="text"/>	
Other Commitments		
Do you participate in other sports?	Do you attend other groups / activities (eg scouts venturers, youth groups etc)	Please list any other regular commitments(eg part time work , music lessons etc)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<small>If yes, please list each activity, duration and number of sessions per week</small>		
<input type="text"/>		
<small>activity</small>	<small>duration of each session</small>	<small>number of times / week</small>



Medical Details		
Blood Group	<input type="text"/>	Do you object to transfusions? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received medical clearance from your Doctor to train Aikido this season?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you take any regular medications?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>if yes please list</i> <input type="text"/>
<b>Have you ever had....</b>	<b>Vision</b>	<b>Vaccinations</b>
Epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Do you wear:</b>	<b>Have you been vaccinated against:</b>
Hepatitis A Yes <input type="checkbox"/> No <input type="checkbox"/>	Glasses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hepatitis A Yes <input type="checkbox"/> No <input type="checkbox"/>
Hepatitis B Yes <input type="checkbox"/> No <input type="checkbox"/>	Hard Contact lenses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hepatitis B Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/>	Soft Contact lenses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Tetanus Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart Problems Yes <input type="checkbox"/> No <input type="checkbox"/>	Hernia / Ulcer Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart Murmur Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>if other, please specify</i> <input type="text"/>
<i>If Yes, please give details</i> <input type="text"/>	<b>Teeth</b>	HIV status (optional) <input type="text"/>
<b>Concussion</b>	Do you wear a mouthguard? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Allergies</b>
Have you ever had concussion? Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>type?</i> <input type="text"/>	Are you allergic to:
How many times? <input type="text"/>	<b>Asthma</b>	Tape Yes <input type="checkbox"/> No <input type="checkbox"/>
Give approx. dates <input type="text"/>	Do you suffer from asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ice Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wear any specific protective gear? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you take any medications for asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>	Medications Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If Yes, please give details</i> <input type="text"/>	Do you bring your medication to training? Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>If yes for any, please specify;</i> <input type="text"/>
Injury Details		
Have you been injured in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you wear any protective equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you sustained a fracture or dislocation in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes please list</i> <input type="text"/>	<i>If yes please list</i> <input type="text"/>	<i>If yes please list</i> <input type="text"/>
Are there any past injuries still effecting your performance? (eg pain or stiffness) Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you require specific taping/ padding for a previous injury? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had a head, neck or spinal injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes please list</i> <input type="text"/>	<i>If yes please list</i> <input type="text"/>	<i>If yes please list</i> <input type="text"/>
Declaration / signature		
To the best of my knowledge all the information contained on this sheet is correct (if under 18 years of age, please have a parent or legal guardian sign)		
Signature: <input type="text"/>	Date: <input type="text"/>	

## **AYNSW Code of Conduct**

Always show respect to the dojo, members, instructors, visitors.

Look after yourself and your partner in training. Practice the technique being taught without deviation, following the instructions given.

Remember that a dojo is a place to train in. Safe training requires trust and harmony with partners. Aggression or anger in any form will not be tolerated.

Respect yourself and training partners by maintaining hygiene. Clean dogi, trim fingernails, remove any jewelry or accessories before training.

Training and alcohol / drugs do not mix. People who are suspected to be under the influence of drugs or alcohol will not be allowed to train.

The dojo is open to all members of the community. Racial or sexual discrimination will not be tolerated.

I understand the AYNWS code of conduct and agree to train within the spirit of the code.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_