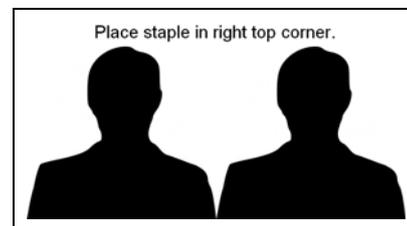


**SHOTOKAN KARATE INTERNATIONAL
AUSTRALIA INCORPORATED**

Memberships Office
61 Barnes Crescent, Menai, NSW, 2234



APPLICATION FOR MEMBERSHIP

(BLOCK LETTERS PLEASE)

FAMILY NAME: _____ GIVEN NAMES: _____

DATE OF BIRTH: _____ MALE/FEMALE: _____

ADDRESS: _____ SUBURB: _____ CODE: _____

STATE: _____ PHONE: _____ REGISTERED DOJO: _____

EMAIL ADDRESS: _____

Date of Application _____ Have you ever been a member of another Karate Club _____

If Yes, which one? _____ Grading Status: _____

HOW DID YOU HEAR ABOUT SKIA? _____

MEMBERSHIP DECLARATION, INFORMED CONSENT & PARTICIPATION COMMITMENT

In consideration of Shotokan Karate International - Australia Incorporated, hereinafter referred to as SKIA or the Association.

1. I warrant that I have a clean record, without criminal convictions.
2. I warrant that I am physically and medically able to engage in a normal routine of exercise.
3. I warrant that I, the undersigned, do hereby pledge that I will at all times obey the Rules and Regulations 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.

For participation in Shotokan Karate International Australia and related activities, including those of other endorsed organizations, for the purposes of exchange, training, competition and seminars.

Shotokan Karate International Australia Incorporated (SKIA) and other endorsed organisations training, competition, seminars and activities involve physical contact with other participants. Due to the very nature of Karate-Do, the 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. Physical contact whist blocking or grappling is inherent to Karate-do participation.

As a member of SKIA 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 truthful, to foster and display a spirit of effort, to apply proper etiquette, and to display courage without impertinence.

You are aware of the inherent risk and the participation commitment expected in Karate training. By signing this *Informed Consent and Participation Commitment*, and taking part in SKIA training or related activities (or if a parent or guardian allowing your child to take part), you knowingly accept the risk and commitment for yourself (or your child) and subject to your (or your child's) right to claim pursuant to the Shotokan Karate International Australia Inc. (SKIA) insurance policy you (or your child) hereby absolve SKIA and its instructors, servants or agents from liability in respect of any injury, physical or otherwise, that may result due to your participation in Karate training.

As a parent/legal guardian of Junior Age Participant, or, a consenting adult, I declare that I have read and fully understand the above outlined inherent risks of Karate-Do and the endeavours expected of participants and hereby give my informed consent for participation in SKIA Training and related activities.

JOINING FEE, ANNUAL FEE & SPORTS ACCIDENT INSURANCE FEE, MUST ACCOMPANY THIS FORM

SIGNATURE OF APPLICANT: _____ DATE: _____

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

This form must be accompanied by TWO front view photographs, approximately 3cm by 3cm, and the fees as currently stated by the Fee Schedule of Shotokan Karate International - Australia Incorporated.

RETURN THIS FORM TO YOUR INSTRUCTOR OR THE CLUB ADMINISTRATOR

OFFICE USE ONLY: ALLOCATED MEMBERSHIP NUMBER _____ DATE _____