



# SHOTOKAN KARATE - DO INTERNATIONAL FEDERATION OF NEW ZEALAND



HEADQUARTERS DOJO: Hillsborough Scout Hall, 63 Arundel St, Mt Roskill, Auckland  
Postal Address: 172 Cliff View Drive, Green Bay, Auckland 0604, NZ  
PH/Fax: +649 827 5511 MOB: 0211 775 614 / 0212 377 556 Email: shotokan@xtra.co.nz

Staple Two Passport  
Photo's here! >

## MEMBERSHIP REGISTRATION FORM

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

DATE OF BIRTH: \_\_\_\_\_ GENDER: M / F

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMERGENCY CONTACT PH.NO. \_\_\_\_\_ NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

Have you ever practiced any other martial arts? Yes No If Yes, which one? \_\_\_\_\_

When? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Do you suffer from any of the following?

Migraine Epilepsy Hay Fever Diabetes Hemophilia Heart Disorders Nervous Disorders  
Respiratory Problems (e.g. Asthma) \_\_\_\_\_ Other \_\_\_\_\_ Do you wear contact lenses? Yes No

Any Physical Disabilities (Please state) \_\_\_\_\_

Have you ever been convicted of a crime of violence? Yes No

How did you hear about SKIF NZ?

Yellow Pages Internet Newspaper Advt. Posters Radio Friend Other \_\_\_\_\_

Why do you want to learn Karate-do?

Self defence Fitness Building self confidence Hobby Competition To perform publicly

Philosophy Other \_\_\_\_\_

### DECLARATION

In consideration of Shotokan Karate International Federation of New Zealand, hereinafter called the Organisation.

1. I warrant that I am physically and medically able to engage in a normal routine of exercise.
2. I promise to uphold the true spirit of Karate-do and never to use the skills that I am taught against any persons, except for defence of others or myself in the instance of extreme danger or unprovoked attack, or in support of law and order.
3. That while the Organisation 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 Organisation, its Instructors, servants nor individuals shall be responsible for any personal or bodily injury which I may suffer whilst at a Dojo of the Organisation. Further, I hereby indemnify and hold harmless the SKIFNZ, 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 (willful or otherwise) of the Organisation, its Instructors, servants or any one or more of them or any person for whose negligence or default the Organisation is or maybe liable or arising out of any defect, whether latent or patent in the equipment or premises of the Organisation. I the undersigned to hereby pledge that I will at all times obey the Rules and Regulations as set down by the Organisation. I further agree that if I resign from the Organisation 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 : \_\_\_\_\_

Guardian (if the applicant is under the age of 18)

I am the parent or legal guardian of the applicant and I consent to the applicant participating in any classes, courses, tournament or event conducted by the Shotokan Karate International federation of New Zealand subject to this declaration. I have read the declaration and I fully understand the contents. I have made a copy for my own records or I have decided not to retain a copy. I understand that this release and waiver is a legal document and I have consulted with a lawyer before submitting it or have decided not to consult a lawyer. The applicant is in proper physical condition to participate in karate training.

Name of the Guardian \_\_\_\_\_ Signature \_\_\_\_\_

OFFICE USE ONLY: ALLOCATED MEMBERSHIP NUMBER \_\_\_\_\_ DATE \_\_\_\_\_