

SHIKISHIMAKAN

STUDENT APPLICATION FORM

(Please PRINT clearly using BLOCK LETTERS)

APPLICANT DETAILS

Surname: _____

Given Name/s: _____

Address: _____

Street
Number

Street Name

Town

State

Postcode

AUSTRALIA
Country

Contact: HOME PHONE: (____) _____

WORK PHONE: (____) _____

MOBILE: _____

EMAIL: _____

Date of Birth: ____/____/____

Occupation: _____ Employer: _____

School students should state their school name and grade: _____

School Name and Town

Student's grade

Emergency Contact 1

Name: _____ Phone: _____ Mob: _____ Relationship to applicant: _____

Emergency Contact 2

Name: _____ Phone: _____ Mob: _____ Relationship to applicant: _____

HEALTH DECLARATION

1. Have you been suffered any incapacity requiring medical attention in the past 12 months? YES NO If YES, please give details: _____

2. Are you prescribed drugs that may impair reaction time or judgement? YES NO If YES, please give details: _____

3. 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 NO If YES, please give details: _____

4. Are you aware of any health problem that you have of which, in the interests of you safety, Global Language and Culture should be advised?
YES NO If YES, please give details: _____

5. Name and identify any physical impairments, injuries or medical conditions that currently affect you: _____

HEALTH CHECKLIST

The following questions ascertain the degree of risk associated with you beginning an exercise programme today:

1. Anyone in your family with heart disease, stroke, raised cholesterol or sudden death under the age of 60? YES NO

2. Are you male over 35 or female over 45 and not used to regular vigorous exercise? YES NO

3. Have you been hospitalised recently? YES NO

4. Are you on any prescribed medication? YES NO

5. Are you pregnant or have you given birth within the last 6 weeks? YES NO

6. Do you have any infections or infectious diseases? YES NO

7. Do you smoke? YES NO

8. If you have or have had any of the following, please tick the appropriate box or boxes (as applicable):

Gout <input type="checkbox"/>	High Blood Pressure <input type="checkbox"/>	Stomach Ulcer <input type="checkbox"/>	Asthma <input type="checkbox"/>
Glandular Fever <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Arthritis <input type="checkbox"/>	Cramps <input type="checkbox"/>
Heart Problems <input type="checkbox"/>	Dizziness or Fainting <input type="checkbox"/>	High Cholesterol <input type="checkbox"/>	Muscular Pain <input type="checkbox"/>
Stroke <input type="checkbox"/>	Low Blood Pressure <input type="checkbox"/>	Hernia <input type="checkbox"/>	
Rheumatic Fever <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Liver/Kidney Disease <input type="checkbox"/>	

Please give details of condition/s: _____

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9. If you have or have had pain or major injuries in any of the following, please tick the appropriate box or boxes (as applicable):

Neck Knees Shoulders
 Back Ankles Other

Please give details of condition/s:

10. Please describe your current physical condition by ticking the appropriate box/es:

Unhealthy Unfit Overweight
 Healthy Fit Underweight

Signed _____

Date ___/___/20___

MARTIAL ARTS BACKGROUND

Have you ever studied a martial art before? YES NO If YES, please give details:

Name of style	Name of instructor	Studio Name	Studio Location	Grade achieved	Total Time Studied (Years/Months)

DECLARATION OF UNDERSTANDING (for all persons 18 years & over)

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 thisday of.....20.....

Applicant Signature.....

Witness 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

PROOF OF AGE (18 Years & Over)

Please tick appropriate box for proof of age shown for applicants over 18 years of age:

Passport Driver's Licence Birth Certificate

GLOBAL LANGUAGE AND CULTURE MARTIAL ARTS CONTRACT

MARTIAL ARTS IS DANGEROUS

The following conditions 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, _____ of _____,
(full name) (residential address)

I, _____ of _____,
(full name) (residential address)

the Applicant, hereby agree to be bound by the terms of this Contract with **Global Language and Culture** 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 fees 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.

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(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 contact which operate for the benefit of the Applicant. Under the provision of that legislation, those terms and rights, and any liability of the supplier flowing from them, cannot be excluded, restricted or modified by any provision of the contact.

PLEASE NOTE THE FOLLOWING:

If the Trade Practices Act 1974 or similar state laws operates so as to prevent the 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 re-supply of the Martial Arts instruction and related activities; or
- (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 Applicant's own Risk

Any person training Martial Arts, or in activities connected with Martial Arts or participating in any activity carried on by **Global Language and Culture** are only allowed to do so on the distinct understanding that they do so entirely at their own risk.

(g) Martial Arts not to be taught by Applicant

The Applicant agrees that he/she is in no way qualified or authorised to teach **Shikishimakan** martial arts publicly or privately in any way whatsoever for personal, monetary or any form of gain whatsoever unless with the written authorisation of **Global Language and Culture**.

(h) Agreement to abide by Shikishimakan Rules

I, the Applicant, agree that I will abide by the **Shikishimakan** Class Code of Conduct and agree and acknowledge that any failure to abide by rules of the Code of Conduct may result in my expulsion from the Academy.

(i) 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.

(j) 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 any such agreement.

(k) 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*)

Signed (*Guardian*).....

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

in the presence of (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 **Global Language and Culture**, the providers in respect of this agreement include:

(a) The President, Councillors and Ratepayers of Newcastle City Council. If a Council Hall is being hired or if not the principle representatives of the venue being hired

(b) The staff, instructors, assistants, volunteers, venue providers, including but not limited to:

(i) *St. Luke's Anglican Church, Wallsend;*

(ii) *Newcastle City Council;*

(iii) *Stephen Robert Grant, Mika Grant and all other instructors and volunteers of Global Language and Culture, its demonstration team and volunteer programmes.*

(iv) *Teachers and staff of schools or organisations with which martial arts group training services have been arranged.*