

Greenstone Health Dojo

緑石健康流空手

Division of Greenstone Health **REGISTRATION FORM**

Student's Name:	Mobile Phone:
Address:	Email:
Occupation:	Date of Birth:
M <input type="checkbox"/> F <input type="checkbox"/>	Parents names/Guardian name if under 18yrs:

Please circle the below

Have you participated in any form of martial arts before? **Yes / No**

If so, please specify what style, where you trained, when and what level you attained:.....

Are you currently a member or are registered to another Martial Arts Club, Dojo or Organization? **Yes / No**
If yes please state who:.....

HEALTH INFORMATION

Please circle the below

Do you suffer, or have you ever suffered, from any medical condition or injury that may affect your ability to train?

Yes / No

If yes, please specify:

E.g. asthma, high blood pressure, insulin-dependent diabetes, previous knee or back injuries etc...

Are you on any medication/s that may affect your ability to train?

Yes / No

E.g. asthma inhaler, blood pressure medication, insulin etc...

If yes, please

specify:

NB: should any of the information specified in relation to injury or illness listed above change, the onus is on the student to inform the instructor as soon as they become aware of this, and prior to taking part in any further training sessions.

CONSENT

By signing below, I agree to act responsibly with the techniques taught to me by **Greenstone Health Dojo** and in line with the Greenstone Health Syllabus and as may be changed and updated from time to time. Under no circumstances shall the information and techniques learned at **Greenstone Health Dojo** be used outside scheduled karate training time(s), unless necessary for self defence and/or during events sanctioned, endorsed or organised by **Greenstone Health**.

I also agree to the terms and conditions on page 2 & 3 of this agreement, and understand by signing this that fees may be subject to change at short notice.

I consent to the declaration and participation.

Applicant's or Legal

Guardian's Signature :

Date : / /

Please see page 2 & 3 for terms and conditions

PRIVACY INFORMATION

The personal information collected by **Greenstone Health Dojo** and **Greenstone Health** on this form will be held in line with the National Privacy Principles NPP (Privacy Amendment (Private Sector) Act 2000). Personal Information also includes information we collect in the course of providing services to you and communications between you and us. The information collected enables us to properly advise you in relation to your martial arts training. Any personal or sensitive information collected about you will be used and disclosed by us so we can provide you with the services you have requested or otherwise enable us to carry out our functions. For example, we must make our instructors aware of information about your health, so they can safely instruct you in martial arts; participate in fitness programs and so on. We will add your name, address, phone numbers, fax number and e-mail address to our database, and this may be used for ongoing marketing and educative purposes. If we elect to retain such personal information, you have our commitment to your privacy. The type of marketing and educative activities we undertake includes forwarding material to you keeping you updated in relation to relevant matters including new training programs/classes, seminars, tournaments, training camps, dietary, general health/fitness related information. At any time you do not wish to continue receiving this information, please advise us in writing and we will remove your details from the marketing database Greenstone Health and the Greenstone Health Dojo do not and will not rent, sell or otherwise disclose your personal or sensitive information to any other company or organization, without your prior consent where that consent is required by law.

TERMS AND CONDITIONS

1. I do hereby make application to join **Greenstone Health Dojo** and **Greenstone Health** and, if accepted, agree to abide by the rules as outlined in the "*Dojo Etiquette & Procedures*" and "*General Etiquette*", as may it be updated or changed from time to time. In the event of any injury suffered by me while participating in such training / classes or grading events, or while on any Greenstone Health Dojo premises and Greenstone Health location, I agree to accept full responsibility.
2. Karate-Do training fees are to be paid upfront at the first lesson of each calendar month.
 - OUR FEES ARE GOING THROUGH SOME CHANGES & UPDATES PREPARING FOR 2018
3. For registered **Greenstone Health Karateka**, Martial Arts cross training, memberships, activities, seminars with other organizations and participation in other tournaments is not permitted unless approved by your instructor.

4. **Greenstone Health Dojo** does not warrant that the use of protective equipment will completely eliminate the possibility of accident or injury but will reduce the risk of accident or injury. In recognition of the possibility of an accident or injury connected with my martial arts training I waive any right or cause of any kind of action arising from such activity and any liability against **Greenstone Health** or the **Greenstone Health Dojo** its volunteers, officers, agents, employees, or instructors. In the event I may require First Aid I consent for the appropriate First Aid to be administered by **Greenstone Health Dojo**.

5. I acknowledge that physical contact will be used by instructors of Greenstone Health, other students, and authorised individuals as part of my karate or self defence instruction and give full consent to any physical contact as may be required or is customary to martial arts and self defence training.

6. I acknowledge and understand that my participation in activities associated with training at **Greenstone Health Dojo** and **Greenstone Health** may involve a significant degree of physical exertion or physical risk which may cause pain, personal injury or death. By signing this document and participating in the activities associated with **Greenstone Health Dojo** and **Greenstone Health**, I am not aware of any medical or physical condition other than those listed previously which would lead me to believe there is a risk to my health.

7. I acknowledge that **Greenstone Health Dojo** and the **Greenstone Health** take no responsibility for the loss or damage of my personal belongings other than loss or damages caused directly by wilful acts or omissions or negligence of the operator.

8. I acknowledge & agree that any photographs, videos, or audio taken of me whilst participating in any class, grading, tournament, demonstration or camp be available to **Greenstone Health Dojo** and **Greenstone Health** to be used on their websites or in any advertising/promotional material as they see fit, and I waive the right to any compensation for appearing in these materials.

9. **Greenstone Health Dojo** may make any modifications to the class schedule as deemed necessary without affecting scheduled tuition payments. This may include altering the current class schedule, closing the school on public holidays or for a special event or any other purposes. Such modification does not relieve the student of their payment obligations. Reasonable notice will be provided if possible.

10. **Greenstone Health Dojo** may close the school for a period not exceeding four weeks per year for, but not limited to, necessary maintenance and/or annual closedown.

11. I acknowledge that all information provided by me is true and correct at the time of completion and should this change in the future I will advise **Greenstone Health Dojo** of any changes immediately once I become aware of such changes.

12. You agree that participating in these physical exercise sessions or personal training activities, you do so at your own risk. This includes, without limitation, your use of all equipment in the facility and any offsite location. You agree that you are voluntarily participating in these activities and premises and assume duty of care responsibility for all risk of injury.

13. I acknowledge that all information provided by me is true and correct at the time of completion and should this change in the future, I will advise **Greenstone Health Dojo** of any changes immediately once I become aware of such changes.

PRIVACY

Your privacy is extremely important to me and my family. We respect your right to privacy at all times and ensure your personal information is kept private.