



## PERSONAL & MEDICAL DETAILS

**STUDENT FULL NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

Medical Information	Circle Answer	Further Details if required
Do you suffer from Asthma?	Yes / No	
Do you take prescription Drugs?	Yes / No	
Do you have allergies?	Yes / No	
Do have a heart condition?	Yes / No	
Do you get dizzy spells during exercise?	Yes / No	
Do you have Epilepsy?	Yes / No	
Do you have HIV?	Yes / No	
Do you have Diabetes?	Yes / No	
Have done Martial Arts before?	Yes / No	
I understand that Kyokushin is a contact discipline.	Yes / No	
I understand my fees are paid via direct debit.	Yes / No	
I understand my fees are debited monthly.	Yes / No	
I understand an additional fee is charged of \$0.99 on top of my monthly fee, which are the charges from Bill Buddy themselves.	Yes / No	
I understand I must give 1 month notice in writing upon the cancellation of my direct debit & training attendance.	Yes / No	
How did you hear about our training facility?	Friend / Karate Van / Facebook / Internet Search / Other	

**Payment Agreement:**

From the date of the first payment specified below and periodically thereafter as specified. I / we hereby authorise Bill Buddy Pty Ltd to make debits from my / our account noted on the debit form for the service that I / we receive from The Young Tigers Kyokushin Dojo. I acknowledge that during all such times I am on the premises of or included in any activity to the premises which is organised, approved or endorsed by The Young Tigers Kyokushin Dojo and their affiliates, both my property & person shall be at my own risk and I will not hold them liable for any personal injury or loss of property which may arise. I warrant that I / my child is physically able to engage in exercise and fitness programmes organised at The Young Tigers Kyokushin Dojo. I accept that membership may become void should I fall behind in my fees or behave inappropriately toward fellow members inside the Dojo and or outside within the community. Should my application be accepted I hereby waive any claims, rights of cause or action, which I may suffer or sustain in course of or consequence upon my entry of training under the guidance of any/all of Kyokushin Karate Practitioner.

**First Debit Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \$ \_\_\_\_\_ : \_\_\_\_\_ (Inc. GST) Fortnightly / Monthly

Each transaction will incur:      Savings account \$0.99      Credit Card \$1.49 plus 2%

**Parent / Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Must be signed and dated by legal guardian 18 years and above.

Office use ONLY

**KWF Membership Number** \_\_\_\_\_ **Date:** \_\_\_\_\_