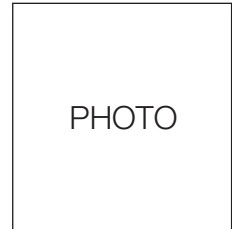




Karate-Do Goju-Kai Australia

VICTORIAN DIVISION

AFFILIATED TO: INTERNATIONAL KARATE-DO GOJU-KAI ASSOCIATION (I.K.G.A.)



DATE / /

MEMBERSHIP FORM

DOJO GoJu-Kai Karate Bayside

SURNAME DOB / /

GIVEN NAMES

ADDRESS

SUBURB POSTCODE

TEL. (H) MOBILE

EMERGENCY CONTACT	
TEL. <input type="text"/>	MOBILE <input type="text"/>

EMAIL ADDRESS

DATE COMMENCED TRAINING / / CURRENT GRADE LEVEL

PREVIOUS MARTIAL ARTS YES NO

STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/> Name of School	EMPLOYED YES <input type="checkbox"/> NO <input type="checkbox"/> Name of Employer
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I, the undersigned student, do hereby apply for Membership of the Karate-do Goju-Kai, and certify that all information supplied by me is correct. I undertake to abide by its policies and/or terms and conditions and agree to further abide by any variations which may be made by the School.

I certify that I am in excellent health and acknowledge that during all training times whilst on training premises, both my property and my person shall be of my own risk, and I further acknowledge that there is a potential of injury, and I hereby state that I will not hold the school liable for any injury occurring at the School to myself.

I promise to uphold the true spirit of Karate-do and never use the skills that I learn against any person or persons, save for the defence of myself, family or friends, in the instance of extreme danger, or unprovoked attack, or in the support of law and order.

SIGNED
(If under 18 please have parent or legal guardian sign)

WITNESS **DATE** / /