



PETER MORTON ACADEMY OF JUDO JUJITSU KARATE

ABN 84 915 115 495

モータータム
自修館柔術

Membership Form

Branch

Personal Details:

Surname _____ Given Names _____

Address _____

Town _____ State _____ Post Code _____

Telephone (home) _____ (business hours) _____

e-mail _____ Date of Birth _____

Emergency Contact during training hours

Please answer the following questions. If applicable, please give all details in the spaces provided:

Do you hold a current Working with Children card? State No.

State No.

Do you have a current First Aid Certification? Provider Expiry

Do you have experience in any other form of Martial Arts? YES NO

Martial Art Organisation Instructor Rank Attained Years Trained

Do you suffer from any medical or other condition (eg. epilepsy, heart condition) that the Instructor should be aware of and that may be aggravated by strenuous exercises and falls? YES NO

Have you ever suffered concussion, any head, spinal, or joint injuries? YES NO

Have you been diagnosed with a blood borne disease? (e.g. Hepatitis, HIV or AIDS) YES NO

Do you suffer asthma? YES NO

Do you wear contact lenses? YES NO

Do you take or rely on any medication? (e.g. Puffer, inhaler, EPIpen) YES NO

Do you participate in other regular physical activity? YES NO

Declaration by the Applicant:

I declare that the information given above is true and correct. (Sign and date only one line.)

Signature of applicant _____ Date ____/____/____
OR

Signature of Parent/Guardian _____ Date ____/____/____
if applicant is under 18 years.

Conditions of Membership to the Peter Morton Academy of Judo Jujitsu Karate

I clearly understand that:

The Martial and Fighting Arts taught by the Peter Morton Academy of Judo Jujitsu Karate (hereinafter called the Academy) consisting mainly of Jujitsu, Judo, Karate and Boxing as well as other forms of associated training is an extreme physical contact activity, the practice of which and participation in, involves the risk of various degrees of personal injury. Whilst all reasonable care will be exercised at all times by the Academy; its instructors; members; agents; servants and/or officials, applicants are warned that accidents and injuries to participants may occur from falls and body contact due to the very nature of the activity. Applicants must ultimately take responsibility for the health and well being of their own bodies and should not perform techniques they do not feel confident in doing.

I agree to bear all costs associated with any Ambulance, Medical and/or Hospital services, should I require any medical attention and/or services either during and/or after any training session or activity with the Academy as a result of any injury that may occur. I also agree that, if I am rendered unconscious during any training session or activity, that the Dojo Chief Instructor or their delegate, has the right of decision regarding any emergency medical treatment necessary to ensure my health, safety and well being.

I agree that no claim for liability for personal injury shall be made against the Academy; its instructors; members; agents; servants and/or officials, arising from activities carried out on the premises of its normal training venue or any other training venue used by the Academy.

I agree to indemnify the Academy; its instructors; members; agents; servants and/or officials against any claim in respect of; damage to or loss of property at/or whilst traveling to/from any Academy training session or activity, or in relation to injury to myself or other parties whilst traveling to/from any Academy training session or activity.

I agree to abide by the rules and principles of the Academy and any of its branches. I agree to conduct myself in a courteous manner during training sessions and to adhere to directions given by the Dojo Chief Instructor or any person appointed by the Dojo Chief Instructor to be in charge of a training session.

The Academy reserves the right to refuse my membership application and maintains the right to terminate my membership at any time should my conduct, both within and outside training sessions, violate the rules and principles of the Academy.

Important note on Insurance:

The Academy highly recommends that all members have adequate levels of personal health insurance to help cover costs relating to any injuries that may occur during training. At a bare minimum all members should endeavor to have Ambulance Cover. Any accidental injury insurance cover that the Academy may hold will probably not fully compensate members costs in having injuries treated. The Academy Secretary or Dojo Chief Instructor can provide information on its accidental injury policy for your consideration.

Declaration by the Applicant:

I declare that I have carefully read and understand the terms and conditions set out above.

Signature of applicant _____ Date ____/____/____
OR

Signature of Parent/Guardian _____ Date ____/____/____
If applicant is under 18 years

AND
Signature of Witness _____ Date ____/____/____

Name of Witness (Please Print) _____

Office use only: C.I. membership approved _____ Date ____/____/____

Grades	Jr/Sr	Date	Grading Location	Grading Panel		
Payments	Membership	T1	T2	T3	T4	Other