



Cost: \$115 per member/renewal
 (First membership under 12 is \$75)

EFT receipt number:
 Sports voucher number:

PLEASE RETURN THIS FORM TO BARRY DEGREEF WITH RECEIPT OF PAYMENT INTO GAWLER DOJO'S BANK ACCOUNT: BSB 065-502; ACCOUNT# 10243250

GAWLER DOJO MEMBERSHIP 2021- 2022			
Member First Name:	Surname:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Preferred Name:
Previous JKAA Regn Number:	Postal Address:		
City:	State:	Postcode:	Home phone no.: ()
Mobile:	Email:	Date of Joining JKAA/TSKF:	
Affiliated State:	Membership Type: <input type="checkbox"/> Senior <input type="checkbox"/> Junior <input type="checkbox"/> Life	Current Rank:	Club/Dojo: TSKF GAWLER
Country of Citizenship:	Birth Date:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Dojo Head: <input type="checkbox"/> Tick if applicable

BLACK BELT REGISTER		
<i>(If this information has already been supplied please disregard)</i>		
1st Dan Grading	Date:	Certificate No:
2nd Dan Grading	Date:	Certificate No:
3rd Dan Grading	Date:	Certificate No:
4th Dan Grading	Date:	Certificate No:
5th Dan Grading	Date:	Certificate No:
6th Dan Grading	Date:	Certificate No:
<u>Privacy Statement & Permission for Images</u>		
<p><i>The above information is true to the best of my knowledge. I acknowledge that all information recorded on this form is primarily for the use of the Traditional Shotokan Karate-do Federation of Australia Pty. Ltd. and our Insurance Company. The above information will be used for administration and insurance purposes only for the business of TSKFA and will remain private and confidential. I also acknowledge that my/my child's image may be photographed/videoed at TSKFA events periodically & subsequently may appear in print, electronic or video media. Most importantly, I give permission for the publication of these images and understand that once my image has been published on the Internet/WWW/print the TSKFA has no control over its subsequent use and disclosure.</i></p>		
Applicant or if under 18 years Parent or Legal Guardian Signature		Date
_____		_____



MEDICAL CLEARANCE FORM

Participant's Full Name: _____

Date of Birth: _____ Dojo: _____

PLEASE COMPLETE THE FOLLOWING DECLARATION. YOUR DOCTOR OR SPECIALIST CAN USE THIS FORM TO GIVE YOU CLEARANCE (IF REQUIRED) BY COMPLETING THE MEDICAL CLEARANCE SECTION BENEATH:

Do you have any of the following conditions (please circle as appropriate):

- | | |
|--|---------------------------|
| + Heart Disease | + Epilepsy |
| + Diabetes | + Chronic chest condition |
| + High blood pressure | + Are you pregnant |
| + Any other medical conditions, including injuries or psychological issues that may prevent you from participating | |
| + NONE OF THE ABOVE | |

Signed: _____ Guardian Signed: _____ Date: ___/___/___

IF YOU ANSWERED YES TO ANY OF THE MEDICAL QUESTIONS, THEN THE FOLLOWING MEDICAL CLEARANCE MUST BE PROVIDED BY YOUR DOCTOR OR SPECIALIST:

This medical Clearance form is to be filled out, **signed-off and stamped** by your doctor or specialist.

Participant's Name: _____ Date of Birth: ___/___/___

Medical Condition requiring clearance: _____

Doctors Name: _____ Doctor's phone: _____

I, Dr _____,

say the participant named above has the stated condition and I give medical clearance for this individual to participate in the karate activities of TSKF Gawler Inc.

Notes: _____

Doctor's Signature & stamp: _____ Date: ___/___/___