



Hoshin Jutsu Australia-Pacific

Application Form

Applicant's Details:

Last Name	<input type="text"/>	DOB	<input type="text"/>
Given Names	<input type="text"/>		
Address	<input type="text"/>		
Tel: (H)	<input type="text"/>	Mobile	<input type="text"/>
		Work	<input type="text"/>
Email	<input type="text"/>		
Occupation	<input type="text"/>		
Employer	<input type="text"/>		

Contacts (for Applicant under 18 yrs):

Mother / Guardian 1	<input type="text"/>	Father / Guardian 2	<input type="text"/>
Mobile	<input type="text"/>	Mobile	<input type="text"/>

Health Declaration:

Are you prescribed drugs which may impair reaction time or judgement?

Yes

If yes, what drugs

No

Have you suffered any incapacity requiring medical attention in the past 12 months?

Yes

If yes, give details

No

Name and identify any physical impairments, injuries or medical conditions that currently affect you

Are you aware of any health problem that you have of which, in the interests of your safety, Hoshin Australia should be advised?

Yes

If yes, please describe

No

Martial Arts History – Please Indicate Clearly

Have you studied martial arts before?

Yes

If yes, please state particulars:

Style

Grade achieved

No

No. of years studied

Name of Instructor

Exclusion of Application – Please Indicate Clearly

Have you ever been excluded from Martial Arts in the past by a medical practitioner or any other person or entity or a Martial Arts Club?

Yes If yes, give details

No

Declaration of Understanding (for all persons 18 years & over)

Martial Arts Is Dangerous

I have read and understood the terms of the Martial Arts Contract or if I did not understand the terms of the Contract I requested an independent person to explain them to me.

Dated this Day of 20

Applicant Signature

Guardian Signature

Witness Signature

Guardian’s Consent (for all persons under 18 years):

I hereby certify and decree that all the information contained in the declarations above is true and accurate.

Dated this Day of 20

Guardian Signature Relationship

Address

Proof of Age (18 Years & Over)

Please tick appropriate box for proof of age shown for applicants over 18 years of age

- Passport
- Driver’s Licence
- Birth Certificate

Martial Arts Contract

MARTIAL ARTS IS DANGEROUS

The following conditions must be read carefully:

1. Interpretation

"the Applicant" means the individual who signs this Contract and agrees to be bound by its terms and includes a guardian of that individual if the individual is under 18 years of age.

Acceptance

I, (Full Name)

of (Residential Address)

I, (Full Name of Guardian)

of (Residential Address of Guardian)

the Applicant, hereby agree to be bound by the terms of this Contract with Hoshin Jutsu Australia–Pacific and the persons named and described in Schedule 1, hereinafter jointly and severally referred to as "the providers". The providers agree to permit me to use their premises and facilities for Martial Arts, to instruct me in Martial Arts and related activities ("the service") upon and subject to the following terms and conditions:

(a) Club Fees

The Applicant will pay on demand the prescribed or stated fees for the service. Such fees may be notified to the Applicant by letter or memorandum or by notice displayed in the provider's premises or premises occupied by the provider or verbally.

(b) Medical Conditions

The Applicant warrants that he or she has not at any time suffered any blackout, seizure, convulsion, fainting or dizzy spells and is not presently receiving treatment for any illness, disorder or injury which would render it unsafe for the Applicant to take part in Martial Arts. The applicant further warrants that he/she has provided information on any and all pre-existing medical conditions.

(c) Exclusion of Applicant

The Applicant warrants that he or she has not at any time been excluded from Martial Arts by a medical practitioner or any person or entity including a Martial Arts Club.

(d) Rights of a Consumer

If the Trade Practices Act 1974 or similar state laws apply to this agreement then certain terms and rights may be implied into this contract which operate for the benefit of the Applicant. Under the provision of that legislation, those terms and rights, and any liability of the supplier flowing from them, cannot be excluded, restricted or modified by any provision of the contract.

PLEASE NOTE THE FOLLOWING:

If the Trade Practices Act 1974 or similar state laws operates so as to prevent the exclusion, restriction or modification of warranties otherwise implied by those laws then the liability of the offerer for breach of those warranties is limited to:

- (i) the re-supply of the Martial Arts instruction and related activities; or
- (ii) the payment of the cost of having the Martial Arts and related activities supplied again.

(e) Waiver and Indemnity

In all other cases and except where inconsistent with the above, the Applicant for him/herself, his/her executors, administrators, dependents and other personal representatives, hereby absolves and indemnifies the providers and all their servants, agents, employees and other students or persons under the providers control (the "indemnified") from all liability howsoever arising for injury or damage (including but not limited to the Applicants' person, whether fatal or otherwise, property and personal belongings) however caused including by the negligence of the indemnified, arising out of or participating in Martial Arts or in connection with Martial Arts or in anyway caused by, or arising out of, any activity carried on by the indemnified.

I, the Applicant, have been advised and understand that the practice of martial arts is potentially dangerous.

I, the Applicant, agree to occupy and use the premises of the Hoshin Jutsu Australia–Pacific at risk to myself and release to full extent permitted by law Geoffrey Michael Smith of Hoshin Jutsu Australia–Pacific, and its agents, servants, contractors and employees from all claims and demands of every kind in of or resulting from any accident or damage to property or injury or death to myself while undertaking training in martial arts with Hoshin Jutsu Australia–Pacific

(f) Martial Arts done at Applicant's own Risk

Any person training Martial Arts, or in activities connected with Martial Arts or participating in any activity carried on by Hoshin Jutsu Australia are only allowed to do so on the distinct understanding that they do so entirely at their own risk.

(g) Martial Arts not to be taught by Applicant

The Applicant agrees that he/she is in no way qualified or authorised to teach Hoshin Jutsu Australia–Pacific martial arts publicly or privately in any way whatsoever for personal, monetary or any form of gain whatsoever unless with the written authorization of Hoshin Jutsu Australia–Pacific

(h) Agreement to abide by the Academy Rules

I, the Applicant, agree that I will abide by the Hoshin Jutsu Australia–Pacific Class Code of Conduct and agree and acknowledge that any failure to abide by rules of the Code of Conduct may result in my expulsion from the Academy.

(i) Acceptance

Performance of the provider's obligations under the contract may be affected by any one or more of the providers either jointly or severally.

(j) Governing Law

Any agreement entered into pursuant to this acceptance is to be governed by the laws of the State of NSW and the Courts of NSW shall have exclusive jurisdiction to entertain any action in respect of any such agreement.

(k) Statement of Understanding

I, the Applicant have read, or have had read to me the above conditions and having understood the same, I consent to the activities proposed.

Applicant Signature

X

Guardian Signature

X

This (date)

of (month)

20

In the Presence of
(Signature of Witness)

[This contract **must** be signed by a guardian if the Applicant is under the age of 18.]

SCHEDULE 1

In addition to Hoshin Jutsu Australia–Pacific, the providers in respect of this agreement include:

- (a) The President, Councillors and Ratepayers of Ku–ring–gai & Pittwater Shire Councils. If a Council Hall is being hired or if not the principle representatives of the venue being hired
- (b) The staff, instructors, venue providers, including but not limited to:
 - (i) Hoshin Jutsu Gordon premises
 - (ii) Avalon Recreation Centre
 - (iii) STRIKE and Express Strike
 - (iv) Geoffrey Smith, Simone Rose Smith and all other instructors and volunteers of Hoshin Jutsu, its demonstration team and STRIKE volunteer programs.



Hoshin Jutsu Australia-Pacific

Health Checklist

Student's Name DOB

Address

Telephone Mobile

Email

Emergency Contact: Relationship

Telephone Mobile

The following questions ascertain the degree of risk associated with you beginning an exercise program today.

Tick (✓) to indicate 'Yes'. Leave blank to indicate 'No'

1. Anyone in your family with heart disease, stroke, raised cholesterol or sudden death under the age of 60?
2. Are you male over 35 or female over 45 and not used to regular vigorous exercise?
3. Have you been hospitalised recently?
4. Are you on any prescribed medication?
5. Are you pregnant or have you given birth within the last 6 weeks?
6. Do you have any infections or infectious diseases?
7. Do you smoke?
8. Do you have or have you had:

Gout	<input type="checkbox"/>	Glandular Fever	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Dizziness or Fainting	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Stomach Ulcer	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	Liver / Kidney Disease	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>

Please give details of conditions: _____

Special Training Considerations:

Have you ever had, or do you have:

- | | | | |
|-----------|--------------------------|---------------|--------------------------|
| Arthritis | <input type="checkbox"/> | Asthma | <input type="checkbox"/> |
| Cramps | <input type="checkbox"/> | Muscular Pain | <input type="checkbox"/> |

Body Overview:

Any pain or major injuries in these areas:

- | | | | |
|-----------|--------------------------|--------|--------------------------|
| Neck | <input type="checkbox"/> | Back | <input type="checkbox"/> |
| Knees | <input type="checkbox"/> | Ankles | <input type="checkbox"/> |
| Shoulders | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Please give details of condition/s: _____

Physical Condition

How would you describe your current physical condition:

- Unhealthy Healthy Unfit Fit Overweight Underweight

Signed Date