



The Karate Union of Australia

Incorporated in NSW

INDIVIDUAL MEMBERSHIP RENEWAL

KUA Dojo: _____

Membership #: _____

Paid: _____ / _____ (KUA)

Registration Date: _____

Surname: _____ Given Name /s: _____

Preferred Name: _____ Gender: M / F D.O.B (d/m/y): _____ / _____ / _____

Address: _____ Suburb: _____ Post Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Mobile: _____

E-Mail*: _____

Current Grade : ____ Kyu / Dan. Grading Date : _____ Grading Examiner Name : _____

Previous Grade : ____ Kyu / Dan Grading Date : _____ Grading Examiner Name : _____

* KUA information (event details etc) will be sent directly to you via this email address. If you would prefer **NOT** receive KUA correspondence by email then leave this section blank.

Emergency Contact Details:

Name: _____ Relationship to applicant: _____

Address: _____ Suburb: _____ Post Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Mobile: _____

Informed Consent and Participation Commitment: (Part A) Karate Union of Australia (KUA) and Australian Karate Federation (AKF) training, competition and related Karate-Do activities are designed to be non-contact. Due to the very nature of Karate-Do, physical and mental demands can be very high. Techniques are often delivered at high speed and participants are required to move with rapid changes of direction. Also, due to the nature of training and competition, participants may be required to train with, and compete against others of mixed ranges of age, weight, height and skill levels. Various musculoskeletal injuries may result simply due to the high velocity movement. Also, unintentional physical contact may result during technique delivery, evasion or application of unbalancing or counter techniques. As a member of KUA, you agree to follow the directions of the Sensei / Teacher. Also, you agree to apply yourself, to the best of your endeavours, to development of your character, to be sincere, to foster and display a spirit of effort, to apply proper etiquette and display courage without impertinence. You are advised of this inherent risk and the participation commitment expected and by signing this Informed Consent and Participation Commitment Form, and taking part in KUA and AKF Karate activities, (or if a parent or legal guardian allowing your child or ward to take part), you knowingly accept that risk and commitment for yourself (or your child or ward) and absolve Karate Union of Australia and the AKF of any injury, physical or otherwise, that may result due to these inherent risks and participation commitment.

(Part B) Therefore, as a parent or legal guardian of the nominated Junior Age Participant named above, I declare that I have read and fully understand the above outlined inherent risks of Karate-Do and the endeavours expected of participants (as per part A) and give my informed consent for participation in KUA and AKF Karate activities.

(Part C) As a physically fit and mentally competent adult, I declare that I have read and fully understand the above outlined inherent risks of Karate-Do and the endeavours expected of participants (as per Part A) and give my informed consent for participation in KUA and AKF Karate activities.

Applicant / Parent / Legal Guardian Name: _____ Signature: _____ Date: _____

Medical Questionnaire:

This questionnaire should cover any condition which may affect your physical ability. This is to highlight to your instructor any specific safety precautions necessary for you and the people you are training with.

Do you have, or have you ever experienced any of the following (please tick):

ASTHMA :Yes ☐ No ☐

HEART CONDITION :Yes ☐ No ☐

EPILEPCY :Yes ☐ No ☐

DIABETES :Yes ☐ No ☐

A.D.D OR SIMILAR :Yes ☐ No ☐

ARTHRITIS :Yes ☐ No ☐

Do you suffer from any other condition that may endanger your safety or that of others: Yes ☐ No ☐

If you ticked "YES" to any of the above, please elaborate with specifics: *(A medical certificate may be required.)*

(continue on back of form if necessary)

Declaration: I wish to make application for membership to The Karate Union of Australia (inc in NSW) and agree to abide by all rules, regulations and directives as determined and issued from time to time by instructors / teachers and members of the executive committees. I warrant that I am physically and mentally able to engage in a normal routine of exercise. I declare that I have read and signed the Informed Consent portion of this application and that I will, prior to my participation in any KUA related activity or the commencement of any Karate-Do training, advise the Instructor / Teacher of any injuries or illness, medical or mental condition that may place me or fellow students at risk or be further aggravated by participation in that activity. I declare that the details I have supplied above, including medical details, are true and correct.

Name: _____ Signature: _____ Date: _____