



## Membership Application 2017-18

Your information will be treated as private & confidential

Name: _____	Birth date (d/m/y): _____
Address: _____	
Alternate: _____	
Email (Main): _____	Phone (Home): _____
Email (Alt): _____	Phone (Alt): _____
Registering for: Judo: _____ Karate _____	Height: _____ Weight: _____
Applicant's previous experience in athletics, fitness, organized sport, or martial art: _____	
How did you discover Zanshin Dojo (Friend, poster, newspaper, Kijiji, Zanshin website)? _____	
<p><b>Fees.</b> I understand that Zanshin Dojo is a non-profit organization run by trained volunteers that operates on a cost-recovery basis. I accept that, for this reason, all fees paid are non-refundable.</p> <p><b>Liability.</b> In consideration of my acceptance as a member of Zanshin Dojo, I hereby remise, release and forever discharge Bruce Mann, Judy Quinn, the instructors, guest instructors, other members, volunteer staff, associations (N.K.A., N.L.J.A, Judo Canada) connected with practice sessions, games, or other events at "Zanshin Dojo", from all manner and actions, causes of actions, claims or demands against the Zanshin Dojo or Bruce Mann for or by any reason of participating in said practice session, game, or other event for any loss, damage or injury sustained, or in respect of the loss of any equipment used.</p>	
Signature of Applicant (Parent or Guardian if <19): _____	Today's Date: _____

### Photo / Video Consent

I hereby consent to the collection and use of my personal images by photography or video recording on the Zanshin website, in newsletters and publications as well as distributed to members. I further acknowledge that my image may be used to promote Zanshin Dojo in the future. I understand that no personal information, such as names, will be used in any publications unless express consent is given. I also understand that my consent can be withdrawn at anytime in writing to the Sensei. I give this consent voluntarily.

### Medical Information

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MCP Insurance Number: \_\_\_\_\_ Medic Alert Tag: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

### In Case of Emergency

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Alt): \_\_\_\_\_ Phone (Alt): \_\_\_\_\_

Phone (Alt): \_\_\_\_\_ Phone (Alt): \_\_\_\_\_

Do you have a medical condition or a physical challenge about which the Instructors should be aware?  
\_\_\_\_\_

Do you suffer from dizziness, an allergy, or illness:  YES  NO \_\_\_\_\_

Are you taking prescribed medication?  YES  NO \_\_\_\_\_

Have you had an operation that affects you now?  YES  NO \_\_\_\_\_

Please describe your present state of health:  Excellent  Good  Fair  Poor



Newfoundland  
Karate  
Association

