

GREENCHI

APPLICATION FORM

1. APPLICANT'S DETAILS:

Last Name:

Given Names:

Address:

Postcode: Ph (home): Ph (work):

Email:

Mobile Phone:

Occupation: Date of Birth:

2. HEALTH DECLARATION:

- Are you prescribed drugs, which may impair reaction time or judgment? (Gongfu only)

YES

NO

If yes, what drugs?

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

YES

NO

If yes, give details

- Name and identify any psychical impairments, injuries or medical condition that currently affect you:

.....

- Are you aware of any health problem that you have and that, in the interests of your safety, Greenchi should be advised of?

YES

NO

If yes, please describe

3. MARTIAL ARTS HISTORY

Have you studied martial arts before?

YES

NO

If yes, please state particulars of:

Style:.....Grade Achieved:.....

Number of years studied:..... Name of your instructor:.....

4. EXCLUSION OF APPLICANT

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

NO

If yes, give details:

5. DECLARATION OF UNDERSTANDING

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 thisday of.....20.....

Applicant Signature.....

Witness signature.....

6. 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.

Signature..... Relationship to Applicant.....

Address in full

[Please note that all classes are held outdoors; therefore take all suitable precautions against conditions (sunscreen, hat, etc.)]