

# Karyukai Karate

## Membership form

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**Your Name**

Address

Phone

Email

Date of birth

Gender

In consideration of Karyukai Karate, hereinafter referred as the Club.

1. I warrant that I have a clean record, without prior convictions.

2. I warrant that I am physically and medically able to engage in a normal routine of exercise.

3. That while the Karyukai Karate will exercise all proper care in the conduct of its Dojo's I will attend the same entirely at my own risk and neither the Karyukai Karate, its Instructors, assistants nor individuals shall be responsible for any personal or bodily injury which I may suffer whilst at a Dojo or outside training locations. Further, I hereby indemnify and hold non-responsible the Karyukai Karate, its Instructors, assistants and all other persons from and against all legal liability (contractual or otherwise) to me in respect of bodily injury and/or damage or loss of property, arising by any means whatsoever, including the negligence or default (wilful or otherwise) of Karyukai Karate, its Instructors, assistants or any one or more of them, or any person for whose negligence or default the Club is or maybe liable, or arising out of any defect, whether latent or patent in the equipment or premises of the club. I, the undersigned, do hereby pledge that I will at all times obey the Rules and Regulations as set down by the Club. I further agree that if I resign from the Club or if at any time or if I am found guilty of any infringement of the Rules and Regulations which results in my expulsion, I will not be entitled to any reimbursement of fees.

Direct Debit Form must accompany this form.

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**Experience**

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Previous martial arts experiences and medical condition to be noted

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**Signature**

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**Name of applicant /**

**Parent / Guardian if under 18**

Signature and Date

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**Office use only**

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