

# SHINBUKAN KENDO

Hornsby PCYC, 94 George St. Hornsby NSW 2077  
www.sydneyshinbukankendo.org



SHINBUKAN KENDO

## Membership Application

Contact: Doug Stouffers Phone: 9876 5154 Mobile: 0411 399 549  
dougstouffers@yahoo.com

Name:..... Date of Birth: .....

Address : .....

.....

Suburb:..... State: ..... Postcode:.....

E-mail: .....

Tel (Home):..... Work:..... Mobile:.....

Current Grade:.....Where Obtained:.....

### Confidential information:

Emergency Contact Details:

Name:..... Relationship: ..... Tel:.....

Do you have any pre-existing medical conditions which you feel we should be aware of?

.....

I, .....hereby apply to become a member of *Shinbukan Kendo Club* and request you to enter my name on the register of Members accordingly and I agree to be bound by your Rules and By-Laws made thereunder.

Dated this .....day of ..... year .....

Fees Payable in Advance:

SHINBUKAN Kendo Club Fees:	\$100 per quarter
Direct Deposit:	Account Name: SHINBUKAN KENDO INCORPORATED
	Bank: Commonwealth Bank of Australia
	BSB: 062-099
	Account number: 10552717

**ACKNOWLEDGEMENT RE MEDICAL CONDITIONS**

I acknowledge that, if I have listed any medical conditions on the first page of this form, that my doctor certified that I am fit to train Kendo. The state association or my club can request a copy of this certification at any time.

**WAIVER OF LIABILITY**

I acknowledge that there is a risk of injury involved in training Kendo, Iaido or Jodo (as relevant) and that I engage in the relevant martial art at my own risk. I release my state association, Kendo club and the people who teach me from liability for any injury or damage however caused (including by negligence) to the extent that injury or damage arises out of or results from participation in Kendo, Iaido or Jodo (as relevant) including training sessions and competitions.

**SIGNED BY THE APPLICANT**

SIGNED BY \_\_\_\_\_ )

.....)  
in the presence of:

.....  
Signature of applicant

.....  
Signature of witness

.....  
Name of Witness

**CONSENT TO PARTICIPATION BY PEOPLE UNDER THE AGE OF 18 YEARS AND  
WAIVER OF LIABILITY**

I am the parent/guardian of the applicant. The applicant is under 18 years of age. I consent to the applicant training in Kendo, Iaido or Jodo (as relevant).

I acknowledge that there is a risk of injury involved in training Kendo, Iaido or Jodo (as relevant) and that I engage in the relevant martial art at my own risk. I release my state association, Kendo club and the people who teach me from liability for any injury or damage however caused (including by negligence) to the extent that injury or damage arises out of or results from participation in kendo, Iaido ( as relevant) including training sessions and competitions.

**SIGNED BY THE PARENT OR GUARDIAN OF THE APPLICANT**

SIGNED BY \_\_\_\_\_ )

.....)  
In the presence of:

.....  
Signature of applicant

.....  
Signature of witness

.....  
Name of witness