

**Martial Arts Contract, Membership Application and Information Form****MARTIAL ARTS IS DANGEROUS****The following conditions must be read carefully:**

Note - This contract/agreement/waiver has been developed and designed predominantly by the Martial Art Industry Association in conjunction with the governing body for all Australian Sports, as a condition of membership and training. All wording on the following two pages are defined by this body to allow normal operations, insurance and used of public venues

Interpretation - **“the Applicant”** means the individual who signs this Contract and agrees to be bound by its terms and includes a guardian of that individual if the individual is less than 18 years of age at the time of signing.

**ACCEPTANCE BY THE APPLICANT**

→ \_\_\_\_\_  
 First and Middle Names    Family Name    Birthday, Day, Month, Year

→ \_\_\_\_\_  
 Street Name & No    Suburb    State & Post Code

→ \_\_\_\_\_  
 Home Phone Number    Work Phone Number    Mobile Phone Number

→ \_\_\_\_\_ @ \_\_\_\_\_  
 e-mail address

**GUARDIANS ACCEPTANCE IF PERSON JOINING HAS NOT YET REACHED THEIR 18<sup>TH</sup> BIRTHDAY AT TIME OF JOINING**

→ \_\_\_\_\_  
 First and Middle Names    Family Name    Relationship to Student - Father, Mother, Legal Guardian

→ \_\_\_\_\_  
 Contact details; if different to the Applicant - Street Name & No    Suburb    State & Post Code

**The Applicant hereby agree to be bound by the terms of this Contract with Liang-1 Shaolin Kung Fu (Shaolin Kung Fu Australia, Liang-I Lifestyle Kung Fu) and the persons and described in Schedule I (one), herein after jointly and severally referred to as the providers’. The providers agree to permit the Applicant to use their premises and facilities for Martial Arts, to instruct in Martial Arts (where qualified) and related activities (“the service”) upon and subject to the following terms and conditions:**

- 1 - Club Fees** - The Applicant will pay on demand the prescribed or stated fees for the service. Such fees may be notified to the Applicant by letter or memorandum or by notice displayed in the provider’s premises or premises occupied by the provider or verbally.
- 2 - Medical Conditions** — The Applicant warrants that he or she has not at any time suffered any blackout, seizure, convulsion, fainting or dizzy spells and is not presently receiving treatment for any illness, disorder or injury which would render it unsafe for the Applicant to take part in Martial Arts. The applicant further warrants that he/she has provided information on nay and all pre-existing medical conditions.
- 3 - Exclusion of Applicant** — The Applicant warrants that, he or she, has not at any time, been excluded from Martial Arts by a medical practitioner or any person or entity including a Martial Arts Club.

*Martial Arts is dangerous - I have read and understood the terms of the Martial Art Contract and have had opportunity and time to ask any clarifying questions before signing this; and understand and consent to the activities and conditions proposed.*  
 Continued over page..

→ \_\_\_\_\_    → \_\_\_\_\_    → \_\_\_\_\_  
 Applicants Signature    Day, Month, Year    Witness  
 The contract must be signed by a guardian if the Applicant is under the age of 18

→ \_\_\_\_\_    → \_\_\_\_\_    → \_\_\_\_\_  
 Guardians Signature    Relationship to Applicant    Name

**Martial Arts Contract, Membership Application and Information Form**

- 1 - Rights of a Consumer** - If the Trade Practices Act 1974 or similar state laws apply to this agreement then certain terms and rights may be implied into this contract which operate for the benefit of the Applicant. Under the provision of that legislation, those terms and rights, and any liability of the supplier flowing from them, cannot be excluded, restricted or modified by any provision of the contract.
- 2 - Waiver and Indemnity** - In all other cases and except where inconsistent with the above, the Applicant for him/herself, his/her executors, administrators, dependents and other personal representatives, hereby absolves and indemnifies the providers and all their servants, agents, employees and other students or persons under the providers control (the "indemnified") from all liability howsoever arising for injury or damage (including but not limited to the Applicants' person, whether fatal or otherwise, property and personal belongings) however caused including by the negligence of the indemnified, arising out of or participating in Martial Arts or in connection with Martial Arts or in anyway caused by, or arising out of, any activity carried on by the indemnified. I, the Applicant, have been advised and understand that the practice of martial arts is potentially dangerous.
- 3 - Martial Arts done at Applicant's own Risk** - Any person training Martial Arts, or in activities connected with Martial Arts or participating in any activity carried on by this Club/Academy Company are only allowed to do so on the distinct understanding that they do so entirely at their own risk.
- 4 - Martial Arts not to be taught by Applicant.** The Applicant agrees that he/she is in no way qualified or authorized to teach Shaolin 5 Animal Kung Fu, Shaolin Weapon Kung Fu, Shaolin Tai Chi, Shaolin 3 Treasure Exercises, Shaolin 5 Element Kung Fu; Shaolin 72 Fists, Shaolin 170 Movements, Martial arts publically or privately in any way whatsoever for personal, monetary or any form of gain whatsoever unless with the written authorization of Sijo Robert Z.
- 5 - Agreement to abide by the Academy Rules** - I the Applicant, agree that I will abide by the Academy Class Code of Conduct (as stated in the Gray Sash Workbook and explained by the person who inducted you into the first class) and agree and acknowledge that any failure to abide by rules of the Code of Conduct may result in my expulsion from the Academy.
- 6 - Performance of the provider's obligations** under the contract may be affected by any one or more of the providers either jointly or severally.
- 7 - Governing Law** - Any agreement entered into pursuant to this acceptance is to be governed by the laws of the State of Victoria and the Courts of Australia shall have exclusive jurisdiction to entertain any action in respect of any such agreement.
- 8 - Statement of Understanding - I, the Applicant have read, or have had read to me the above conditions and having understood the same, I consent to the activities proposed with my signature below.**

SCHEDULE 1 (one) - In addition to Shaolin Kung Fu Australia, the providers in respect of this agreement include;

1. The President, Councillors and Ratepayers of Glen Ira Shire Council, Kingston Shire Council, Clayton Shire Council or any other persons associated with the venue being used. If a Council Hall is being hired or if not the principle representatives of the venue being hired
2. The staff; instructors, venue providers, including but not limited to;
  - i City of Kingston & Council
  - ii City of Glen Ira & Council
  - iii City of Boroondara & Council
  - iv Shaolin Kung Fu Australia, Shaolin 5 Animal Kung Fu, Liang-I Lifestyle Kung Fu, Shaolin Academy
  - v Master and Instructors and representatives, helpers and assistants of the organizations listed above below point 2.

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→ \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_  
 Applicants Signature Day, Month, Year Witness  
 The contract must be signed by a guardian if the Applicant is under the age of 18

→ \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_  
 Guardians Signature Relationship to Applicant Name

4/4

Anything where it would be better for the instructor to know how to best help you? (ie. epilepsy, hepatitis, difficulties, do not like being touched, injuries, on medication, a specific phobia; occasional, chronic or otherwise)?

YES/NO

If yes, please detail → \_\_\_\_\_

\_\_\_\_\_

ARE YOU PRESCRIBED DRUGS THAT MAY IMPARE REACTION, TIMING, JUDGEMENT OR AWARENESS YES/NO

If yes please detail → \_\_\_\_\_

\_\_\_\_\_

HAVE YOU SUFFERED ANY INCAPACITY OR INJURY IN THE PAST 12 MONTHS THAT REQUIRING MEDICAL ATTENTION YES/NO

If yes, please detail → \_\_\_\_\_

NAME AND IDENTIFY ANY PHYSICAL IMPAIRMENTS, INJURIES OR MEDICAL CONDITIONS THAT CURRENTLY AFFECT YOU OR MAY AFFECT YOU IN THE COURSE OF TRAINING.

If any please detail → \_\_\_\_\_

ARE YOU AWARE OF ANY HEALTH PROBLEM THAT YOU MAY HAVE THAT, IN THE INTEREST OF SAFETY, THE INSTRUCTORS OF SHAOLIN KUNG FU AUSTRALIA SHOULD KNOW OF?

If any please detail → \_\_\_\_\_

IN CASE OF AN EMERGENCY, WHOM WOULD YOU LIKE US TO CONTACT FIRST (PARENT, PARTNER, CHILDREN, SISTER, ETC.)

→ \_\_\_\_\_  
Primary Choice - First & Family Names Home Phone Mobile or Work Phone

→ \_\_\_\_\_  
Back Up choice - First & Family Names Home Phone Mobile or Work Phone

ARE YOU OR HAVE YOU EVER BEEN A MEMBER OF OR TRAINED ANY OTHER TYPES OF MARTIAL ARTS OR MARTIAL ART LIKE ACTIVITIES?

1 → \_\_\_\_\_  
Style/Name of Club Year Last trained/How Long/Level Achieved Name of Instructor

2 → \_\_\_\_\_  
Style/Name of Club Year Last trained/How Long/Level Achieved Name of Instructor

3 → \_\_\_\_\_  
Style/Name of Club Year Last trained/How Long/Level Achieved Name of Instructor

DO YOU CURRENTLY PARTICIPATE OR TRAIN REGULARLY IN ANY OTHER SPORTING ACTIVITIES

1 → \_\_\_\_\_  
What How often Where and with whom

2 → \_\_\_\_\_

The Shaolin Academy is a small club and can not spend a lot of finances on Advertising. Please help us by telling us all the places that you looked and found us!

HOW AND WHERE DID YOU FIND Us (please circle one or more)

I herewith confirm that the above information is true and correct to the best of my knowledge without omissions and misdirection.

\_\_\_\_\_  
Applicants Signature Day, Month, Year Witness  
The contract must be signed by a guardian if the Applicant is under the age of 18

\_\_\_\_\_  
Guardians Signature Relationship to Applicant Name

# Shaolin Academy

Blue Form

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Yellow Pgs. Main Big Book	Yellow Pages Local	Yellow Pages WEB	Yellow Pages Phone	Other WEB Page (XMA/MAIA/IMA)
Google	Yahoo	MSN	Other WEB Source (please state which)	Shaolin Academy WEB Page
Walking or Driving Past	Word of Mouth	I came with a friend	Promotional Card/Flyer	Radio/TV/Movies

**WHAT WAS THE SPECIFIC REASON YOU CHOSE THE SHAOLIN ACADEMY INSTEAD OF ANOTHER MARTIAL ART?**

→ \_\_\_\_\_

**CHOOSE THE 5 MOST IMPORTANT POINTS (FOR YOU) FROM THE ITEMS BELOW**

<b>HEALTH RELATED</b>	Increase Fitness	Improve Posture	Boost Sleep Quality	Augment Health	Find Inner Calm
<b>MARTIAL ART SPECIFIC</b>	Become a Champion	Learn to Defend Self & Family	Earn the Shaolin Black Sash	Become a Shaolin Martial Art Professional	One Day, have my own small business teaching martial arts
<b>PERSONAL DEVELOPMENT</b>	Improve Self Confidence and Esteem	Develop my inner calm and balance	Learn to Meditate and Explore myself	Improve my Mind Powers	Change certain behaviours
<b>PHYSICAL GOALS</b>	Increase Strength	Improve Coordination	Gain Greater Flexibility	Work on Increasing Speed	Develop Enduring Stamina
<b>MISC</b>	Loose Weight Increase Weight	Just love Martial Arts Shaolin Kung Fu	Social Interaction and Fun	Stress Release	Other (please list)

**IS THERE ANYTHING SPECIFIC YOU WOULD LIKE TO ACHIEVE WITH YOUR MARTIAL ART, IE; BECOME A CHAMPION, ACHIEVE BLACK SASH; THAT MAY BE VERY IMPORTANT FOR YOU . . .**

→ \_\_\_\_\_

→ \_\_\_\_\_

**APPLICANT T BE INFORMED/TOLD ABOUT THE FOLLOWING BEFORE COMMENCING THE CLASS**

Introduce yourself, level, ..... <input type="checkbox"/>	Introduced to Inst/Senior Students ..... <input type="checkbox"/>	Introduce/Role of Buddy..... <input type="checkbox"/>
Give – New Student Info Pack & DVD ... <input type="checkbox"/>	Tell that 3 Classes are FREE..... <input type="checkbox"/>	..... <input type="checkbox"/>
The 5 Shaolin Rules inc Safety ..... <input type="checkbox"/>	Explain about Bowing and Bowing In ..... <input type="checkbox"/>	Explain the Handshake..... <input type="checkbox"/>
Show where WC & Change Rooms..... <input type="checkbox"/>	Show Emergency Exits for evacuation. ... <input type="checkbox"/>	Point to Emergency Gathering Point <input type="checkbox"/>
Remind to bring back folder for 4 <sup>th</sup> class . <input type="checkbox"/>	<i>Check that the form is correctly filled in..</i> <input type="checkbox"/>	Insert Buddies Name.....

At the end of the New Students first class, please sit down with them for a few minutes and ask how it all went; make notes!

→ \_\_\_\_\_

→ \_\_\_\_\_

→ \_\_\_\_\_