



Marist Johnsonville Kyokushin Karate Club



Chief Instructor: Peter Jennings (5th Dan) Phone: 478 1560 Mobile: 0275 715 723

MEMBER APPLICATION FORM

NAME: _____ Preferred First Name: _____

Date of Birth: _____ Date Of Application: _____

Parents/Caregivers Name(s) (For junior students): _____

Contact details:

Address: _____

Home Phone No.: _____ Mobile Phone No.: _____

E-mail: _____

Relevant Medical Condition(s) (tick as appropriate):

Asthma/Repertory Problems: <input type="checkbox"/>	Diabetes: <input type="checkbox"/>	Epilepsy: <input type="checkbox"/>	Heart Problems: <input type="checkbox"/>
Joint Problems: <input type="checkbox"/>	Skeletal Problems: <input type="checkbox"/>	Behavioural Issues: <input type="checkbox"/>	Other: <input type="checkbox"/>
Relevant details: 			

Primary Desired Outcomes (tick as appropriate):

Improved Fitness <input type="checkbox"/>	Increased Strength <input type="checkbox"/>	Discipline <input type="checkbox"/>	Increase Flexibility <input type="checkbox"/>
Improve Coordination <input type="checkbox"/>	Self Defence <input type="checkbox"/>	Learn a Traditional Martial Art <input type="checkbox"/>	Learn Sports (Competitive) Karate <input type="checkbox"/>
Increase Confidence <input type="checkbox"/>	Try something New <input type="checkbox"/>	Make new friends <input type="checkbox"/>	Other <input type="checkbox"/>

How we heard about the club? _____

To be completed by Club Secretary

Proportion of first term charges _____ Amount \$ _____

Date O/S Fee Received _____ O/S Card Number _____