

KRAV MAGA QUEENSLAND

ABN 51 050 202 202



MEMBERSHIP APPLICATION

Contact Details

First Name	
Surname	
Postal Address	
Phone (H)	
Phone (M)	
Email Address (<i>please write clearly</i>)	
Date of Birth:	
Emergency Contact Details	

MEDICAL HISTORY

Have you recently had surgery?	Yes/No
Do you have high blood pressure?	Yes/No
Are you a diabetic?	Yes/No
Are you pregnant?	Yes/No
Do you have a heart condition?	Yes/No
Do you have epilepsy?	Yes/No
Do you often feel faint or dizzy during exercise?	Yes/No
Are you on any medication?	Yes/No

Do you have any other existing injuries or medical conditions that may affect your training in Krav Maga?

Assumptions of Risk: Waiver

I hereby enroll in Krav Maga Queensland (ABN 51 050 202 202) self defence training on the basis of the terms and conditions set out below:

1. I acknowledge that the training, while conducted in the safest possible conditions and under qualified supervision, involves physical contact and inherent risks and I accept those risks. I agree to conduct myself in a safe and mature manner in accordance with the instructions from my instructors. I indemnify Krav Maga Queensland and the Krav Maga Alliance, including all instructors, staff members and students against any loss or damaged suffered by them in connection with my participation in the training. If I am under 18 years of age, I have obtained by parents consent to my participation and to these terms and conditions.
2. I confirm I am physically capable of participating in this training and that I have no existing medical condition which precludes or should reasonably preclude my participation.
3. I agree to release Krav Maga Queensland and the Krav Maga Alliance, including all instructors, staff members, and students from any liability whatsoever in connection with my participation in this self defence training program. Without limitation, this includes all loss or damage or injury incurred as a direct or indirect result of my participation.

I/we agree to the above terms and conditions

Signature : _____

Parent/Guardian Signature: _____

Date: _____

Krav Maga Queensland Administration: _____

Date: _____