

A.B.N. 45280877959

Affiliations:
Australian Karate Federation
Shitoryu Karatedo Australia
World Shitoryu Karate Federation

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Membership Application Form

Privacy statement

Like most organizations Okukan is committed to protecting your privacy. Personal details provided in this form will only be accessible to your instructor and authorised persons assigned to administrative or other relevant responsibilities. The details provided will only be used for the purpose for which you provide it and will not be disclosed to unauthorised parties without your consent, unless required by law.

Your details

Surname:		Given name(s):	
Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Date of birth: / / .	E-mail address:	
Home address:		Postcode:	
Postal address:		Postcode:	
Home number:	Mobile number:		

Emergency contact

Next of kin name:	
Home number:	Mobile number:

Your martial arts background

Have you had previous training in martial arts? Yes No

If yes, what martial art did you do and what grade (Kyu/Dan) did you obtain?

Sport injury and general health details for the provision of an appropriate training program

Do you suffer from recurring pain in any joint when playing sport?

Yes No

If yes, please give details:

Will you be wearing taping or padding for a previous injury?

Yes No

If yes, please give details:

Do you have a medical condition you would like your instructor to be aware of?
(for example: allergies, asthma, diabetes, epilepsy)

Yes No

If yes, please give details:

Are you aware of any musculoskeletal problems, such as active joint disorders or arthritis?

Yes No

If yes, please give details:

Are you aware of any cardiovascular abnormality, for example valve disorder?

Yes No

If yes, please give details:

How did you hear about Okukan?

Your signature:

Date: / / .

Parent or guardian signature (if applicable):

Date: / / .