



NOVA SCOTIAN
Wing Chun Kung Fu
ACADEMY



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N.S.W.C.K.F.A.
REGISTRATION FORM

Proud to be affiliated with
the UKWCKFA founded in
1985.

To apply please complete this registration form, please complete all sections,
if a section is not applicable please mark as N/A.

SURNAME:		FIRST NAME & INITIAL	
ADDRESS:		DATE OF BIRTH: (YYYY/MMM/DD)	
		PHONE NUMBER:	
POST CODE:			
E-MAIL:			
EMERGENCY CONTACT DETAILS		PHONE NUMBER:	
NAME:			
ADDRESS:		ALTERNATE PHONE NUMBER:	
POST CODE:			
E-MAIL:			
START DATE:		OCCUPATION:	
BRANCH REGISTERED:			
CRIMINAL OFFENCES:			
STATE WHY YOU WISH TO LEARN WING CHUN KUNG FU:			

MEDICAL QUESTIONNAIRE

CONDITION OF HEALTH:

DATE OF LAST MEDICAL:

(YYYY/MMM/DD)

IF THIS IS YOUR OWN OPINION PLEASE TICK HERE []

DETAILS OF ANY ILLNESS THAT MAY AFFECT THE HEALTH OR SAFETY OF YOURSELF OR OTHERS IN CLASS:

ALCOHOLISM // ALLERGIES // ANGINA // ASTHMA or SHORTNESS OF BREATH ON EXERTION // BACK PAIN or JOINT TROUBLE //BLACKOUTS // HIGH or LOW BLOOD PRESSURE // BODY INJURY // CONTACT LENS' // CONTAGIOUS DIIEASE // DIABETES // DIZZINESS //DEPRESSION // EPILEPSY // FALSE TEETH // FITS // HEART CONDITIONS // HEPATITIS // HIV // MENIERES DISEASE OR OTHER DISEASE INVOLVING GIDDINESS OR LOSS OF BALANCE // NEUROLOGICAL DISEASE OR CONDITION // RECREATIONAL DRUG USAGE //SCHIZOPHRENIA // OTHER

***PLEASE WRITE DETAILS AND OTHER CONDITIONS HERE:**

PLEASE TICK BOXES AS APPROPRIATE:

[] I AM NOT TAKING ANY PRESCRIPTION MEDICATION

[] I AM TAKING PRESCRIPTION MEDICATION AND STRICTLY FOLLOWING THE GUIDELINES PRESCRIBED

PLEASE STATE MEDICATION AND DOSE:

[] I AM ASTHMATIC AND I WILL BE RESPONSIBLE FOR BRINGING MY INHALER TO EVERY CLASS I ATTEND

[] I AM DIABETIC AND IN FULL CONTROL OF MY CONDITION

Applicant Declaration Signature and Date:

I DECLARE THAT I POSE NO RISK TO MYSELF OR TO ANY OTHER PERSON WITHIN THE NSWCKFA

SIGNATURE.....

DATE.....

I..... hereby certify that to the best of my knowledge and belief the details on this application form are correct, and that if I am accepted as a member of the N.S.W.C.K.F.A I undertake to abide by and uphold the rules of the 'Academy' including all its branches, together with any amendments that may be made during my period of membership.

I accept that as a part of my training within the NSWCKFA I will be struck, choked, strangled, thrown, joint locked, swept or otherwise physically assaulted or injured, to any part of my body including but not restricted to my neck, throat, groin, eyes, nose, face, ears, limbs, joints and extremities.

I undertake training in Wing Chun Kung Fu fully aware of the dangers and entirely at my own risk and indemnify the Nova Scotian Wing Chun Academy and all branches/clubs and instructors in respect of any injury, damage to my person and property at all times.

I acknowledge that I have been given an opportunity to discuss every detail on this form and I sign this of my own free will and accept the document in entirety without reservation.

All information supplied will be treated in the strictest confidentiality.

You are obliged to keep this document up to date and inform the NSWCKFA of any changes or alterations to the information contained herein.

Applicants Signature.....Date.....

Parent or Guardian Signature (if under 18 yrs of age)Date.....

TERMS AND CONDITIONS

- 1) The member agrees while training with the Nova Scotian Wing Chun Kung Fu Academy, he/she will not conduct himself/herself in any way, which presents a danger to, or create a nuisance for the instructor or any other persons at the facility.
- 2) The member agreement can be cancelled at any time by the Nova Scotian Wing Chun Kung Fu Academy if the member is deemed to be; (1) Posing a danger to the facility, its employees or members; (2) a nuisance to the operation of the Nova Scotian Wing Chun Kung Fu Academy.
- 3) No member shall be permitted into classes or other activities if his/her account is considered delinquent.
- 4) The Nova Scotian Wing Chun Kung Fu Academy shall have the right to demand full payment of any outstanding balance. The member shall make all requested payments before regaining access to the facility.
- 5) The member acknowledges the Nova Scotian Wing Chun Kung Fu Academy is not liable for any theft or damages of his/her personal items, which may occur at the facility.
- 6) The member warrants that he/she is in good condition or has obtained the express approval of a physician to engage in physical activities such as offered by the Nova Scotian Wing Chun Kung Fu Academy. The instructors retain the right to deny access to any member who has open cuts, infections, illnesses or communicable diseases.
- 7) The member is not entitled to assign this agreement of his/her membership to any other person.
- 8) The term "member" includes his/her parent(s) or guardian.
- 9) Refunds are at the sole discretion of the Nova Scotian Wing Chun Kung Fu Academy.
- 10) There is a \$35.00 charge for all N.S.F. cheques.

[] By ticking this box, I hereby give the Nova Scotian Wing Chun Kung Fu Academy and its legal representatives and assigns, the right and permission to publish, for use in advertising and promotion, photographs taken. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways. All information is held in confidence and is never released or sold.

Applicants Signature.....Date.....

Parent or Guardian Signature (if under 18 yrs of age)Date.....