

Plimmerton Kung-Fu and Tai Chi Club

SHAOLIN FUT GAR KUNG-FU TRADITIONAL YANG STYLE TAI CHI

MEMBERSHIP APPLICATION

Personal Details

Name			
Home Address			
Postal Address			
Phone - Day	[]	Fax	[]
Phone - A/H	[]	Email	
Phone - Mobile	[]	Website	
Date of Birth		Sex	Male [] Female []

Emergency Contact Details

Provide the name, address and phone number/s of a contact person in the event of injury, accident or health emergency.

Name	
Relationship	
Address	
Phone	

Health Details

State any health issues or injuries that could affect your training or that you feel might need to be known to your instructor. Information will be kept confidential.

Health Issue / Injury	Comment

Your Martial Arts History (if any) - continue on separate sheet as necessary

Style	Level/Grade	Trained From - To	Instructor

Applicant's Signature

I have read, understood and agree with the 'membership conditions'.

Signature of Applicant		Date	
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Under 18 Years of Age (Completed by Applicant's Parent or Legal Guardian)

I have read, understood and agree with the 'membership conditions' and give permission for the following to join:

Name of Applicant: _____

Signature of Parent or Legal Guardian		Date	
PRINTED Name of Parent or Guardian		Phone Contact	

Enquiries: Glen Keith (027) 249-3298 or voyager@slingshot.co.nz.

More Information: Visit www.futgar.org.nz