

Fut Gar (Buddhist Fist) Kung-Fu and Traditional Yang Style Tai Chi

MEMBERSHIP APPLICATION

New Member	Renewing Member
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Kungfu	Taichi	Both
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Personal Details

Name			
Home Address			
Postal Address			
Phone - Mobile	[]	Email	
Phone - Other	[]	Website	
Date of Birth		Gender	M [] F []

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

Name	
Relationship	
Address	
Phone/Mobile	[]

Goals for wanting to learn Kungfu or Taichi: Describe what you hope to achieve through learning Kungfu or Taichi? Limit comments to text box on this page.

Health Details: State any health issues or injuries that could affect your training, or that you feel should 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

Other Information: Feel free to comment on any other topic related to your training.

Topic	Comment

Applicant's Signature:

I have read, understood and agree to abide by the 'Membership Conditions'.

Signature of Applicant		Date	

Under 18 Years of Age: (To be completed by Applicant's Parent or Legal Guardian)

I have read, understood and agree with the 'Membership Conditions' and give my permission for the following to join the above-mentioned club.

PRINT Name of Applicant: _____

Signature of Parent or Legal Guardian		Date	
PRINTED Name of Parent or Guardian		Phone/ Mobile	

Enquiries: Phone, text or email Glen Keith for further information.

Mobile (021) 2830927; Email glen.keith@outlook.com; Website www.futgar.org.nz