

TRADITIONAL SHOTOKAN KARATE

SALISBURY & PLAYFORD

| PERSONAL DETAILS | | | | | | | |
|---|---------------------|--------------------|------------------|--------|--|--|--|
| DATE OF BIRTH | CURRENT AGE | | MALE | FEMALE | | | |
| GIVEN NAME | FAMILY NAME | | | | | | |
| HOME ADDRESS | | | | | | | |
| SUBURB | | STATE POST CODE | | | | | |
| PHONE (HOME) | | PHONE (MOBILE) | | | | | |
| EMAIL | | | | | | | |
| PRIVACY STATEMENT - Any information recorded on this form, is specifically for the use of Jindokai Karate-Do. All information will be kept private and confidential. Jindokai Karate-Do will not make any other use of this information. | | | | | | | |
| PHOTGRAPHY PERMISSION - I give permission for photos that may include me, or my child to be used by the Jindokai Karate-Do, for promotional material, relative to the activities of our Dojo. | | | | | | | |
| NEXT OF KIN / PARENT OR GUARDIAN - EMERGENCY CONTACT DETAILS | | | | | | | |
| FULL NAME | | RELATIONSHIP | | | | | |
| PHONE (HOME) | | PHONE (MOBILE) | | | | | |
| WAIVER | | | | | | | |
| I, the undersigned, in consideration of, and as a condition of acceptance of my participation in traditional Japanese Karate, at Jindokai Karate-Do, for myself, my heirs, executors and administrations, hereby waive all and any claims, rights or cause of action, which I or they might otherwise have, arising out of any loss of life, injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of, or as a consequence of, my entry or participation in the seminar and/or competition. This waiver extends to and operates separately in favour of all persons, corporations and bodies involved or otherwise engaged in promoting or staging training and competitions and the servants, agents, representatives and officers of any of them. I apply to become a member of Jindokai Karate-Do; In doing so, I agree to be bound by the rules, statement of purposes and standing orders of this | | | | | | | |
| Organisation. IN THE EVENT OF AN EMERGENCY: In the event of suffering an illness or injury where I am unable to seek help for myself; I authorise the instructor, or an authorized member, to call an ambulance or seek other emergency medical treatment as they believe appropriate. I understand that I am responsible for the costs of such medical aid. | | | | | | | |
| SIGNATURE | | DATE | | | | | |
| PARENT / GUARDIAN SIGNATURE | DATE | | | | | | |
| A PARENT / GUARDIAN MUST SIGN THI | S ENTRY FORM IF THE | PARTICIPANT IS UNI | DER 18YRS OF AGE | | | | |

| PREVIOUS EXPERIENCE – RANK HELD | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| NAME OF ORGANISATION MARTIAL ARTS STYLE | | | | HIGHEST RANK ACHIEVED (evidence required) | | | | |
| | | | | | | | | |
| MEDICAL CLEARANCE DECLARATION | | | | | | | | |
| WILDIC | | | | | | | | |
| PARTICIPANTS NAME | | | MEDICARE NUMBER | | | | | |
| Do you have any condition which prevents you from participating in strenuous physical exercise? Yes No | | | | | | | | |
| Do you have any condition which may endanger other people, as a result of your participation, at our Dojo? Yes No | | | | | | | | |
| IF YOU HAVE TICKED "YES" TO ANY OF THE QUESTIONS ABOVE; FURTHER INFORMATION IS REQUIRED COPIES OF ACTION PLANS MAY NEED TO BE SUBITTED, FOR OUR FIRST-AID TEAM'S REFERRENCE MEDICAL CLEARANCES MAY BE REQUIRED, FROM YOUR DOCTOR JINDOKAI KARATE-DO: CODE OF CONDUCT | | | | | | | | |
| | | | | | | | | |
| Everyone | | | Instructors & Officials | | | | | |
| × | Act within the rules and values of our Dojo | | 🗸 Р | Place the safety and welfare of the participants above all else. | | | | |
| × | Promote fair play over winning at any cost. | | | The period for the second se | | | | |
| √ | Encourage and support opportunities for people to learn appropriate behaviours and skills. | | | Respect the talent, developmental stage and goals of each person and encourage them with positive and constructive feedback. | | | | |
| × | Support opportunities for participation in a | II aspects of karate. | Obtain appropriate qualifications and keep up-to-date with the latest coaching practices and the principles of growth and development of | | | | | |
| | Treat each person as an individual. | | young players. | | | | | |
| | Show respect and courtesy to everyone that is involved in our Dojo. | | Ensure that any physical contact with another person is appropriate to the situation and personal for the person's skill development | | | | | |
| | Respect the rights and worth of every person, regardless of their age, race, gender, ability, cultural background, sexuality or religion. | | to the situation and necessary for the person's skill development. ✓ Ensure all players are included and can participate, regardless of their | | | | | |
| | Respect the decisions of Officials, Instructors and Administrators. | | race, gender, ability, cultural background, sexuality or religion. | | | | | |
| · · | Wherever practical, avoid unaccompanied and unobserved one-on- one activity (when in a supervisory capacity or where a power imbalance exists) with people under the age of 18. | | Be consistent, impartial and objective when making decisions. Address unsporting behaviour and promote respect for other participants and Officials. | | | | | |
| × | Display appropriate and responsible behav | iour in all interactions. | | • | | | | |
| × | Display responsible behaviour in relation to alcohol and other drugs. | | Administrate | Administrators | | | | |
| √ | Act with integrity and objectivity; and, accept responsibility for your decisions and actions. | | Ensure quality supervision and instruction for players. Support Instructors and Officials to improve their skills and | | | | | |
| × | Ensure your decisions and actions contribu | te to a safe environment. | competencies. | | | | | |
| ~ | Ensure your decisions and actions contribu environment. | ns and actions contribute to a harassment-free | | Act honestly, in good faith and in the best interests of the sport as a whole. | | | | |
| ~ | | | | position is not used improperly. | | | | |
| Participants✓ Give your best at all times. | | Conduct club responsibilities with due care, competence and diligence. | | | | | | |
| × | Participate for your own enjoyment and be | nefit. | Parents & Sp | pectators | | | | |
| × | Play by the rules and show respect for othe | er participants, Instructors | ✓ E | ncourage your | child to participate, do their best and have fun. | | | |
| and Officials. | | ✓ Focus on your child's effort and performance, rather than winning or | | | | | | |
| CODE OF CONDUCT – ACKNOWLEDGEMENT | | | losing. Never ridicule or yell at a child for making a mistake or losing a | | | | | |
| PRINT NAME | | competition. Help out the Instructor or Officials at training and Tournaments, where pessible | | | | | | |
| SIGNATURE | | where possible. Model appropriate behaviour, including respect for other participants and Officials. | | | | | | |
| | | And Officials. Respect the effort and performances of players and Officials. | | | | | | |
| | | Reject the use of harassment, bullying or violence in any form, | | | | | | |
| DATE | | | | | er spectators, Instructors, Officials or participants. | | | |

