



# NSW KJA Membership Form

CLUB: \_\_\_\_\_ DATE: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone(H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Previous Registration No: \_\_\_\_\_ Previous Club Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Gender: Male Female (circle) ATSI: YES NO (circle)

NESB: (indicate language) \_\_\_\_\_

SPECIAL NEEDS: YES NO (circle) \_\_\_\_\_

Please complete Questions 1 to 4

1. How were you referred to the club or membership (e.g. newspaper, phone, internet, word of mouth)?

\_\_\_\_\_

2. Do you have any known medical conditions, which may affect (e.g. cause you any risk or injury) you or your ability to participate in the sport of judo or be caused by your participation in the sport of judo?

\_\_\_\_\_

3. List any medications regularly taken by you?

\_\_\_\_\_

4. Is there any other information you should declare prior to participating in a contact / combat sport like judo?

\_\_\_\_\_

Notes:

1. As a result of answers to Questions 2 to 4 above, before accepting this application, the NSW KJA, may require a report from an appropriate medical authority which states the applicant is fit to participate in the sport of judo. Where the applicant has listed issues in response to Questions 2 to 4 which may affect his/her ability to participate in judo, clubs are to await advice from the NSW KJA, office for membership approval before allowing participation. Inclusion of a medical clearance will facilitate this process.

2. All New Members must provide satisfactory Proof of Identification eg; copy of Birth Certificate, Drivers Licence or Passport.

3. All New Members over 18 must provide a current Working with children check (WWCC) to become a full member of the NSW KJA

This form will also cover your temporary cover for 2 weeks free trial. After the 2 weeks trial, membership will need to be paid in full to your club for full membership of the NSW KJA

I acknowledge that all information relevant to this application is complete and accurate and that i will provide the necessary information as a full member of the NSW KJA.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

New Registration Number \_\_\_\_\_ Date \_\_\_\_\_

Fee Provide YES NO Identity provided YES NO Working With Children Check Provided YES NO