

# Seishin Martial Arts

## Individual Membership Registration Form



**Conditions of membership:** Your request for membership with Seishin Martial Arts represents your agreement to abide by the rules, regulations, policies, and value codes of Seishin Martial Arts.

<b>Club:</b>	<b>Date:</b>
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### Participant Information:

Surname (last name):	First name:
Email Address:	Phone number:
Address:	City:
Postal code:	Birthday (mm/dd/yyyy):
Gender:	Aboriginal/Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No This information is collected to assist Seishin Martial Arts in tracking inclusiveness in programming and potential funding opportunities.
Disability i.e., Visual impairment, spectrum disorder:	
Seishin Martial Arts runs a programme in adapted Judo to support people with disability-No Limits Judo. Are you interested in joining these classes or finding out more? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Our coaches may request to discuss options to support your Judo journey. This information is collected to assist clubs with planning, to assist Seishin Martial Arts in tracking inclusiveness in programming and potential funding opportunities.	
Are any modification required for the individual to participate in Judo (i.e., parent to provide tips regarding learning differences, supports required due to visual impairment):	
Allergies:	
Medical Conditions (to be reported to an EMT in case of emergency):	
Recent Injuries (within the past 12 months):	
Older Injuries (i.e., concussion in 2010, ACL repair in 2016):	

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### Membership Information:

New member: <input type="checkbox"/> Yes <input type="checkbox"/> No	If returning, Judo Australia number:
Belt level/Rank:	
How did you hear about our club and/or Judo (friend, word of mouth, social media etc...)?	

### If Participant is under 18 years of age:

Parent/Guardian 1 name:	Daytime Phone:
Evening Phone:	Email:
Parent/Guardian 2 (optional) name:	Daytime Phone:
Evening Phone:	Email:

### If Participant is 18 or older, please complete:

Occupation (optional):
Please list any special skills you would be willing to share i.e., accounting, first aid, marketing etc...:

### Emergency Contact (if participant is Under 18 years, please provide a contact other than a parent listed above):

Emergency Contact Name	Emergency Contact relationship to participant:
Emergency Contact Phone (preferably cell phone):	

### Membership Fees:

Junior/Cadets (under 18yrs) \$50

Seniors/Veterans \$75

### Consents:

**Image:** I agree to allow the use of my (my child's) name, photographic image, and relevant personal information for the promotion of Seishin Martial Arts in the media, related publications & websites.

Yes  No

Please submit this form along with the signed Participant Agreement (waiver, release) directly to the club. Payment information can be found on the following page.

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### Membership fees can be paid to:

Bank name: NAB

Account Name: The trustee for L&C Willing Family trust

BSB: 083-004

ACC Number: 884089433

Reference: Full name of player

Or in cash to Carla or Lewis Willing only.

For more information about Seishin Martial Arts, Policies and Procedures, COVID-19 Protocols etc, please email us a [seishintas@gmail.com](mailto:seishintas@gmail.com)