



# New Membership

Given Name <input type="text"/>		Surname <input type="text"/>	
Address <input type="text"/>		City <input type="text"/>	Postal Code <input type="text"/>
Home Phone <input type="text"/>	Cellular Phone <input type="text"/>	E-mail <input type="text"/>	
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Age <input type="text"/>	Date of Birth (dd/mm/yyyy) <input type="text"/>	
Healthcare Number <input type="text"/>			
Family Doctor <input type="text"/>		Phone Number <input type="text"/>	
Emergency Contact <input type="text"/>		Phone Number <input type="text"/>	
Parent/Guardian Name (if above is under 18 years of age) <input type="text"/>			

## QUESTIONNAIRE

- \* Has your doctor ever informed you of any heart related conditions? .....Y  N
- \* Do you frequently have pains in your heart or chest?.....Y  N
- \* Do you feel faint or have spells of severe dizziness.....Y  N
- \* Has your doctor ever diagnosed you with high blood pressure? .....Y  N
- \* Has your doctor ever told you that you have a bone or joint problem, such as arthritis?  
that has been aggravated by exercise or might be made worse with exercise?.....Y  N
- \* Are you currently taking any medication? **Indicate type**.....Y  N
- \* Do you have any medical problems, such as diabetes or asthma? **Indicate** .....Y  N
- \* Is there any physical reason not mentioned here why you should not follow any activity program? **Indicate**.....Y  N
- \* Do you suffer from allergies? **Indicate type** .....Y  N

## Fees:

- Unlimited Family/Relative Pass \$425
- Single Adult (16 & up) \$375
- Single Child (15 & younger) \$315

All cheques payable to: **Renbu Dojo**  
or e-Transfer: [renbudojo2@gmail.com](mailto:renbudojo2@gmail.com)

### Statement Acknowledging Risks – Health and Safety Waiver

In signing this form, I affirm that I have answered the above questions to the best of my knowledge and I agree to participate in the program at my own risk; in consideration of the City of Burnaby and Renbu Dojo permitting me to participate in this program. I, the undersigned, for myself, my heirs, executors and administrators, hereby waive all rights and claims arising from any cause whatsoever, including negligence, which I have or may have against the City of Burnaby, and the Renbu Dojo or their respective employees and members, for all injury or loss including personal and property loss arising from any cause whatsoever, including negligence, suffered to me prior to, during or after the program and I hereby release the City of Burnaby and the Renbu Dojo and their respective employees and members from any and all liability for damages sustained due to or as a result of my participation in this program.

### I DECLARE THE ABOVE TO BE TRUE

PARTICIPANT'S SIGNATURE

DATE (dd/mm/yyyy)

# Renewal Membership

Rank/Level  Kyu  Dan

Given Name <input type="text"/>		Surname <input type="text"/>	
Address <input type="text"/>		City <input type="text"/>	Postal Code <input type="text"/>
Home Phone <input type="text"/>	Cellular Phone <input type="text"/>	E-mail <input type="text"/>	
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Age <input type="text"/>	Date of Birth (dd/mm/yyyy) <input type="text"/>	
Healthcare Number <input type="text"/>			
Family Doctor <input type="text"/>		Phone Number <input type="text"/>	
Emergency Contact <input type="text"/>		Phone Number <input type="text"/>	
Parent/Guardian Name (if above is under 18 years of age) <input type="text"/>			

## QUESTIONNAIRE

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- ⚙️ Are you currently taking any medication? **Indicate type**.....Y  N
- ⚙️ Do you have any medical problems, such as diabetes or asthma? **Indicate** .....Y  N
- ⚙️ Is there any physical reason not mentioned here why you should not follow any activity program? **Indicate**.....Y  N
- ⚙️ Do you suffer from allergies? **Indicate type** .....Y  N

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## I DECLARE THE ABOVE TO BE TRUE

PARTICIPANT'S SIGNATURE

DATE (dd/mm/yyyy)

*If participant is less than 19 years of age, a parent or legal guardian must sign this waiver.*

(2023)