

New Membership

RENBU DOJO 錬武道場	New Mem	nbersh	ip		Rank/L	_evel	Dan
Given Name		Surname	9				
Address		City	City		Postal Code		
Home Phone	Cellular Phone		E-mail				
Gender M □ F □	Age	Date of I	Date of Birth (dd/mm/yyyy)				
Healthcare Number		7					
Family Doctor		Phone Number					
Emergency Contact		Phone N	Number				
Parent/Guardian Name (if at	oove is under 18 years	s of age)					
Has your doctor ever informed you of any heart related conditions? Do you frequently have pains in your heart or chest? Do you feel faint or have spells of severe dizziness. Has your doctor ever diagnosed you with high blood pressure? 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? Are you currently taking any medication? Indicate type.						Y 🗌 Y 🗍 Y 🔲	
Do you have any medical problems, such as diabetes or asthma? Indicate						Y 🗆	Ν□
Is there any physical reason not mentioned here why you should not follow any activity program? Indicat					? Indicate	Y 🗆	N□
Do you suffer from allergies? Indicate type						Y 🗆	Ν□
Fees: Unlimited Family/Relat Single Adult (16 & up) Single Child (15 & your	\$375 nger) \$315	or e	theques pay	<u>renbudoj</u>	o2@gmail.c		
In signing this form, I affirm that I have own risk; in consideration of the City of heirs, executors and administrators, he may have against the City of Burnaby, and property loss arising from any caus release the City of Burnaby and the Re to or as a result of my participation in the second control of the city of the second control of the second control of the city of the second control of the second control of the city	Burnaby and Renbu Dojo per reby waive all rights and clain and the Renbu Dojo or their ro se whatsoever, including negli nbu Dojo and their respective	is to the best of my rmitting me to parti ns arising from any espective employe igence, suffered to	v knowledge a icipate in this p v cause whats ees and memb o me prior to, c	and I agree program. I, soever, inclo pers, for all during or af	to participate the undersigr uding negliger injury or loss i ter the prograf	ned, for myself nce, which I ha including pers m and I hereb	f, my ave or onal V

PARTICIPANT'S SIGNATURE	DATE (dd/mm/yyyy)

Dan Kyu Renewal Membership Rank/Level Given Name Surname Address City Postal Code Cellular Phone Home Phone E-mail Date of Birth (dd/mm/yyyy) Gender Age $M \sqcap F \sqcap$ Healthcare Number **Family Doctor** Phone Number **Emergency Contact** Phone Number Parent/Guardian Name (if above is under 18 years of age) **QUESTIONNAIRE** ♣ Has your doctor ever informed you of any heart related conditions?Y ♣ Do you frequently have pains in your heart or chest?......Y ♣ Has your doctor ever diagnosed you with high blood pressure? Y □ 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 ♣ Are you currently taking any medication? Indicate type......Y ΝП ΝП ♣ Do you have any medical problems, such as diabetes or asthma? IndicateY ΝП Is there any physical reason not mentioned here why you should not follow any activity program? Indicate.....Y ♣ Do you suffer from allergies? Indicate typeY ΝП Fees: ☐ Unlimited Family/Relative Pass \$425 All cheques payable to: Renbu Dojo ☐ Single Adult (16 & up) \$375 or e-Transfer: renbudojo2@gmail.com ☐ Single Child (15 & younger) \$315 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

DATE (dd/mm/yyyy)

PARTICIPANT'S SIGNATURE