



# New Membership

Dan Rank

First Name		Last name	
Address		City	Postal Code
Home Number	Cellular Number		E-mail
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Age	Date of Birth (mm/dd/yyyy)	
Healthcare Number			
Family Doctor			Phone No.
Emergency Contact			Phone No.
Parent/Guardian Name (if above is under 18 years of age)			

## QUESTIONNAIRE

Has your doctor ever informed you of any heart related conditions?

Yes  No

Do you frequently have pains in your heart or chest?

Yes  No

Do you feel faint or have spells of severe dizziness?

Yes  No

Do you have a bone or joint problem that may be aggravated or might be made worse with exercise?

Yes  No

Do you have high blood pressure?

Yes  No

If you suffer from allergies, indicate what type.

Indicate the current medications that you are taking.

Is there any physical reason not mentioned here why you should not follow any activity program?

## Membership Type

<input type="radio"/> <b>Unlimited Family Pass</b> <p>\$600</p>	<input type="radio"/> <b>Single Adult</b> <p>18 &amp; older  <p>\$480</p> </p>	<input type="radio"/> <b>Single Child</b> <p>17 &amp; younger  <p>\$420</p> </p>
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**Send completed forms and e-Transfer to:**  
**renbudojo2@gmail.com**  
**Payee: Renbu Dojo**

I DECLARE THE ABOVE TO BE TRUE

\_\_\_\_\_  
PARTICIPANT/PARENT SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

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



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