RENBU DOJO
錬武道場

New Membership

Dan Rank ☐

Given Name	Surname	
Address	City	Postal Code
Home Phone	Cellular Phone	E-mail
Gender M ☐ F ☐	Age	Date of Birth (dd/mm/yyyy)
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 condition..... 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 that has been aggravated by exercise or might be made worse with exercise?..... Y ☐ N ☐

Do you suffer from allergies? **Indicate type**..... Y ☐ N ☐

Do you have any medical problems, such as diabetes or asthma? **Indicate type** ..... Y ☐ N ☐

Are you currently taking any medication? **Indicate**..... Y ☐ N ☐

Is there any physical reason not mentioned here why you should not follow any activity program? **Indicate**..... Y ☐ N ☐

Fees:

☐ Unlimited Family/Relative Pass	$600
☐ Single Adult (18 & older)	$480
☐ Single Child (17 & younger)	$460

Payment:

Cheques: **Renbu Dojo**
e-Transfer: payments@renbudojo.com
Message: Membership

Return forms: info@renbudojo.com

I DECLARE THE ABOVE TO BE TRUE

Signature of Participant/Parent/Guardian

Date (dd/mm/yyyy)

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

(08/2026)

Your annual membership payment is greatly appreciated and helps support Renbu Dojo's ongoing events and activities.

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