



NAGINATA INTRODUCTORY COURSE

THE MELBOURNE BUDOKAI / THE KENSHIKAN DOJO

COURSE DATE : _____

INSTRUCTOR : _____

Please read this form carefully and fill in your personal details. If you have any questions now or at any time during the course, please ask your instructors.

A) YOUR PERSONAL DETAILS **(A PERSONAL ID MUST BE SHOWN)**

| | | |
|----------------|-----------------|-----------------|
| Name: | Street Address: | |
| DOB: | | |
| Occupation: | City / Suburb: | Post Code: |
| Phone (Home): | Phone (Work): | Phone (Mobile): |
| Email Address: | | |

Please list any physical disability, injuries or medical condition that may be affected by strenuous aerobic activity and Naginata

B) QUESTIONNAIRE

Where or how did you first discover Naginata?

Why have you decided to learn Naginata?

Why did you choose Melbourne Budokai?

How did you find out about Melbourne Budokai?

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Please read the following carefully:

I, _____ (your name), an applicant of the Melbourne Budokai (Kenshikan Dojo), Naginata Introductory Course, understand that I am applying for instruction in a martial art, an activity that involves strenuous physical activity and may result in physical contact.

I further understand that The Melbourne Budokai (Kenshikan Dojo) carries no insurance against injury to any of the participants in the Naginata Introductory Course.

I hereby acknowledge that I am assuming the risk and responsibility for any and all injuries that I may suffer due to injury, suffered by me, or caused by third parties to me arising out of practice or during The Naginata Introductory Course and the use of any facilities available.

I further acknowledge that I am responsible for providing my own personal health, medical, dental and accident insurance coverage.

I hereby release The Melbourne Budokai (Kenshikan Dojo Inc.), and all of its associated persons from liability for injury or loss suffered by myself.

YOUR SIGNATURE: _____ **DATE:** ____ / ____ / ____

Office Use Only

Payment received by: _____ Cash / Cheque Amount \$ _____ Receipt No: _____