

錬武道場

Renbu Dojo New Membership

Date of Birth

Name (please print) _____ **M** **F** _____
Given Name _____ Surname _____ (mm/dd/yyyy)

E-mail: _____

Name (please print) _____ **M** **F** _____
Given Name _____ Surname _____ (mm/dd/yyyy)

E-mail: _____

Name (please print) _____ **M** **F** _____
Given Name _____ Surname _____ (mm/dd/yyyy)

E-mail: _____

Name (please print) _____ **M** **F** _____
Given Name _____ Surname _____ (mm/dd/yyyy)

E-mail: _____

Mailing Address: _____

Postal Code: _____ Telephone: _____

Signature _____ Date: _____

Fees:

Unlimited Family/Relative Pass \$390

Single Adult (16 & up) \$315

Single Child (15 & younger) \$265

All cheques payable to: Renbu Dojo

How did you hear about Renbu Dojo?

Internet

Friend

Other _____

STATEMENT OF HEALTH

Name		
Address		
Home Phone No.	Cellular No	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? Y N
 - * Do you frequently have pains in your heart and 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? Y N
- If yes, please indicate type

- * Do you have any medical problems, such as diabetes or asthma?..... Y N
- If yes, please comment

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

- * Do you suffer from allergies? Y N

- * **If you are 65 years of age or older**, are you accustomed to vigorous exercise? Y N N/A

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 (mm/dd/yyyy)

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