

WING CHUN KUNG FU BENDIGO

A branch of 'Shaolin Jee Shin Wing Chun Kung Fu Association'

APPLICATION FORM

1. STUDENT APPLICANT (8-17 years old)

Surname:	Given names:	
Address:		Date of Birth:

2. ADULT APPLICANT (18 and over):

Surname:	Given names:	
Email address:		
Address:		Date of Birth:
Home Phone:	Mobile:	

3. DECLARATION:

Is the Student/Applicant prescribed any medications which may impair reaction time, or suffer any medical or genetic incapacity or condition which may affect ability to exercise or perform Martial Arts?

□ NO □ YES	If yes, please give details:
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3. SOCIAL MEDIA & INTERNET

'Wing Chun Kung Fu Bendigo' operates a:

- a. website www.wingchunkungfubendigo.com.au and a;
- b. facebook page https://www.facebook.com/BendigoJeeShinWingChun/

These WEBSITES provide information and relevant training material and videos for our students, as well as providing a medium for congratulating them on their achievements in class and in gradings.

We understand that privacy is important and therefore will only publish pictures of students with your permission.

I, The Applicant/Guardian DO DO NOT give permission to publish images of me/my child on the website <u>www.wingchunkungfubendigo.com.au</u>

I, The Applicant/Guardian DO DO NOT give permission to use images of me/my child on the facebook page <u>https://www.facebook.com/BendigoJeeShinWingChun/</u>

4. STATEMENT OF UNDERSTANDING

a) Martial Arts training is done at participants own risk

I understand that training Martial Arts, involves some physical contact and it is possible that my child may incur injury. I understand that the Providers will exercise due care and diligence to minimize this possibility and will not hold the provider responsible in the event that injury occurs. I understand that the Provider does not provide or have insurance to cover injury or loss to the Applicant/Student.

The Applicant/Guardian absolves and indemnifies the Providers from all liability arising for injury or damage (including but not limited to the Applicant/Student's person, whether fatal or otherwise, property and personal belongings) however caused, arising out of or participating in Martial Arts, or in connection with Martial Arts or in any way caused by, or arising out of, any activity carried on by the Providers of these services.

b) Australian Consumer Law

Under the Australian Consumer Law (Victoria), the Providers/Suppliers named on this form are required to ensure that the recreational services they supply to you are rendered with due care and skill; and are reasonably fit for any purpose which you, either expressly or by implication, make known to the Providers/Suppliers.

If you sign this form, you will be agreeing that your rights to sue the Provider/Supplier under the Australian Consumer Law and Fair Trading Act 2012 due to death, loss or injury are excluded, restricted or modified in the way set out in this form.

c) The Suppliers /Providers in respect of these services are :

Paul McCarthy, t/as 'Wing Chun Kung Fu Bendigo' ABN 65 683 199 876 Mobile: 0405 025 977 Linda Baniecki, trading as 'Shaolin Jee Shin Wing Chun Kung Fu' ABN 93 353 994 370

d) Tuition Fees or Uniform costs

The Applicant/Guardian will pay on time the stated fees for the service, monthly in advance or on a casual basis per lesson, in advance. Such fees may be notified to the Applicant by email or notice displayed in the premises occupied by the provider, or verbally.

e) Termination of Services

The Applicant/Guardian understands and agrees that the proposed services may be terminated by the Provider in the event of non-payment of required tuition fees, or conduct by the student which affects the learning opportunity of fellow students. The Applicant/Guardian may withdraw the Student at any time with no penalty, nor refund of fees paid.

5. APPLICANT/GUARDIAN'S CONSENT AND AGREEMENT:

I hereby agree/give permission for the Applicant/Student named above, to participate in the 'Wing Chun Kung Fu Bendigo' classes operated by the Provider. I understand and agree to the terms of this agreement stated above. I agree that all the information contained in the application is true and accurate. I consent to the Martial Arts activities proposed:

Signature:	Date:
Name:	Mobile:
Street Address (if Guardian)::	
Email address (if Guardian)::	
Relationship to Student (if Guardian):	
<u>Witness:</u>	
Signature:	Name:
Address:	Mobile::