

CHIKARA SHINAI RYU® LOWER MOUNTAINS DOJO'S

Rec'd:
Signed:
Paid in full:
Processed:

GRADING APPLICATION AND CONSENT FORM

FIRST NAME/S SURNAME:
FIRST NAME MIDDLE NAME

ADDRESS:

SUBURB: POSTCODE:

DATE OF BIRTH: AGE: SEX (Male/Female):
DAY MONTH YEAR

PHONE - HOME: WORK: PRESENT GRADE:

E-MAIL (IN CAPITALS LETTERS PLEASE):

DISABILITIES OR HEALTH CONDITIONS:

GRADING VENUE: **WINMALEE PUBLIC SCHOOL** - Leslie Street, Winmalee

GRADING DATE - 1/2: **Friday, 28th of April, 2006** STARTS AT **7:40PM**

GRADING DATE - 2/2: **Tuesday, 2nd of May, 2006** STARTS AT **7:30PM**

COST for Grading: Students - **\$22.00** inc GST Adults - **\$33.00** inc GST

If applicants are over the age of 30 years they must produce
a "**Certificate of Good Health**" from a doctor.

If applicants are under the age of 18 years,
their form **MUST** be countersigned by a PARENT or GUARDIAN.

DECLARATION

I, the undersigned, in consideration of, and as a condition of acceptance of my application for the above event, for myself, my heirs, executors and administrators, hereby waive all and any claims, right of cause or action, which I or they might otherwise have, arisen out of any loss of life or injury, damage or loss of any description whatsoever which may be suffered or sustained in the course of, or as a consequence of, my entry or participation in the said event.

This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in promoting or staging the event and the servants, agents, representatives and officers of any of the said persons, corporations and bodies.

I have read the above conditions on this Grading Application form and agree to abide by them.

.....
Signature of Applicant

.....
Countersign of Parent or Guardian

DATE:/...../.....

DATE:/...../.....