

2017 IFKKA Summer Camp with Shihan David Pickthall

Attendance and Consent Form



Each attendee must fill in a separate consent form.
Both pages must be filled in.

PARTICIPANT'S DETAILS	ORGANISATION _____
	FAMILY NAME : _____ GIVEN NAMES : _____
	ADDRESS : _____
	POSTCODE : _____
	Email _____ PHONE : _____
	GENDER : <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	AGE : _____ DATE OF BIRTH : _____ <div style="text-align: right; font-size: small;">dd mm yyyy</div>

TERMS AND CONDITIONS	<p>I agree to my/my child/my ward's attendance at the events as listed organised by the <i>International Federation of Karate Kyokushinkai Australia Inc (IFKKA)</i>. In the event I/my child/my ward may require First Aid, I consent for the appropriate First Aid to be administered by the IFKKA.</p> <p>In the case of an emergency, I authorise the event organisers, where it is impracticable to communicate with me, to arrange for me/my child/my ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport, and drugs, for me/my child/ward while a participant at the karate events.</p> <p>The IFKKA does not warrant that the use of protective equipment will completely eliminate the possibility of accident or injury but will reduce the risk of accident or injury. In recognition of the possibility of an accident or injury connected with my / my child's /my ward's martial arts training I waive any right or cause of any kind of action arising from such activity and any liability against the IFKKA, its volunteers, officers, agents, employees or instructors &/or guest instructors engaged by the IFKKA.</p> <p>I acknowledge that physical contact will be used by instructors of the IFKKA and guest instructors, other students, and authorised individuals as part of my/my child's/my ward's karate or self defence instruction and give full consent to any physical contact as may be required or is customary to martial arts and self defence training.</p>
TERMS AND CONDITIONS continued	<p>I acknowledge and understand that my/my child's/my ward's participation in activities associated with attendance at the IFKKA events may involve a significant degree of physical exertion or physical risk which may cause personal injury or death. By signing this document and participating in the activities associated with the IFKKA events. I am not aware of any medical or physical condition other than those listed previously which would lead me to believe there is a risk to my/my child's/my ward's health.</p> <p>In the event of any injury suffered by me/my child's/my ward's while participating in such training / classes, I agree to accept full responsibility</p> <p>I acknowledge that if I am not already a member of the IFKKA Inc, I agree to become and am deemed a member of the IFKKA Inc for the duration of this event.</p> <p>I acknowledge that the IFKKA take no responsibility for the loss or damage of my/my child's/my ward's personal belongings other than loss or damages caused directly by wilful acts or omissions or negligence of the instructors or the IFKKA.</p> <p>I acknowledge and agree that any photographs or videos taken of me/my child/my ward while participating in IFKKA sanctioned events be available to the IFKKA and its member clubs to be used on their approved websites or in any advertising/promotional material as they see fit.</p>

Full Name of Participant/Parent or Guardian

Full Name of Participant/Parent or Guardian

Signature

/ /
Date (dd/mm/yyyy)

Signature

/ /
Date (dd/mm/yyyy)

Special Permission for Juniors (under 18years) to attend beach training session: I give permission for my child/my ward to attend the beach training session to be held on Sunday 29th January 2017 and advise that my child/my ward is a competent swimmer and has a good understanding of water safety practices.

Signature: Date:

Book online at <https://www.trybooking.com/241801>
or use the form below

Early bird special discount for camp cost on all bookings received with payment by 20th December. No early bird discount for the T-shirt

NOTE
To guarantee supply of your camp T-shirt, you **MUST** confirm & pay by Tuesday, 9th Jan, 2017

NOTE: T-shirt must be ordered separately

T-Shirt Size	Children's sizes			Adult sizes are unisex					
	10/S	12/M	14/L	S	M	L	XL	XXL	XXL
Left-Armpit-to-right armpit width (cm)	42	45	48	50	53	56	59	62	65
Quantity									

Name : Friday Saturday Sunday

Early bird discount price 1 Day - \$ 65 2 days - \$125 3 days - \$170 \$

Regular Camp Price 1 Day - \$ 70 2 days - \$140 3 days - \$190 \$

Camp -T- Shirt: \$35 each – be sure to add T-shirts separately here \$

Payment attached: Cash CHQ Bank Transfer **Total** \$

IFKKA Bank details – BSB: 032-067 Account No: 237842 (please provide bank transfer notification)

Return this form to entries@ifk-australia.com or PO Box 242 Dulwich Hill 2203 or to your IFKKA instructor.

Emailed entries must be good quality scans – no photographs.

Emergency Details and Medical Consent Form

EMERGENCY CONTACTS		Mother/Guardian	Father/Guardian	Other Contact/Guardian
	Name of Parent/ Guardian (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Work Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>

MEDICAL INFORMATION	Does the participant suffer from any medical condition or injury that may affect his/her ability to fully participate in the activities at a karate training camp and other events such as:				
	<input type="checkbox"/> Any allergic condition	<input type="checkbox"/> Skin Condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy, fits, or blackouts	<input type="checkbox"/> A disability or chronic illness
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Joint injuries e.g. knee, ankle etc	<input type="checkbox"/> Back injury	<input type="checkbox"/> Attention deficit disorder (ADD/ADHD)	<input type="checkbox"/> A current illness e.g. flu	<input type="checkbox"/> Behavioural problems <input type="checkbox"/> Other
If "YES" to one or more of the above, please give details and treatment, if appropriate and necessary. Attach a separate sheet if needed					

MEDICATION	Time and Dosage – please specify exact time of medication	Morning		Lunch		Afternoon		Other	
	MEDICATION NAME	Time	Dose	Time	Dose	Time	Dose	Time	Dose
	<input type="text"/>								
<input type="text"/>									
<input type="text"/>									

- NOTES:**
- Scheduled medicine must be provided in the original container (as required by legislation)
 - All medications will be collected and administered by staff, unless notified in writing to the contrary
 - Staff will supervise and register the taking of all medicine.