



SINGAPORE KENDO CLUB

163D Upper East Coast Road, Singapore 455264
Web site : www.singaporekendo.org.sg

Membership Application Form

Please note that this form has to be filled **in FULL** and every page **initialized at the right hand side corner**.

The Singapore Kendo Club reserves the right to reject this Application Form and bar the applicant from joining any activity if this form is not duly completed and submitted.

**MUST
attach
photograph
of applicant
HERE**

(Please use glue)

Note:

- A one-time Registration Charge of \$10 will be applicable upon submission of this form
- All members with any prior training in Kendo need to submit a copy of their most recent Kendo grading certificate* with this form.

Particulars (in BLOCK letters) :

Name : _____ Name in Chinese Characters: _____
(Christian Name - if any, follow by Surname, then Middle Name) *(Including Japanese Kanji)*

**Date of Birth : _____ Place of Birth : _____ Sex : Male Female

NRIC/Passport No. _____ Nationality : _____ Race : _____

Home Address : _____ Postal Code: _____

Contact Number : Home _____ Mobile : _____

Email : _____ Marital Status : Single Married Others _____

For Students:

Name of School : _____ Tel : _____

School Address : _____

For Working Adults:

Company Name : _____ Tel : _____

Company Address : _____

Department / Position Held : _____

For Foreign Nationalities:

Address in Foreign Country : _____

For those with previous training in KENDO

None 9th Kyu 8th Kyu 7th Kyu 6th Kyu 5th Kyu 4th Kyu 3rd Kyu 2nd Kyu 1st Kyu

Others: _____

Name of Dojo : _____ Country: _____

To Be Completed by Parent's / Lawful Guardians of Applicants 16 years of age & below

Name in Full : _____ NRIC/Passport No. _____

Company Name : _____ Tel : _____

Company Address : _____

Declaration

Please complete the following questions fully and honestly. Please note that no column is to be left blank otherwise the Application Form is considered as incomplete.

* For Applicants 16 years old & below, Parent/Lawful Guardians are required to complete the form on their behalf.

| | YES | NO | IF YES, please give details |
|--|-----|----|-----------------------------|
| 1. Have you ever had the following: | | | |
| a. Chest pains, high blood pressure, low blood pressure, heart problems such as Heart murmur, Extra heart beat or other heart abnormality. | | | |
| b. Asthma, Bronchitis, Tuberculosis, Sinusitis, Other Lung/ Respiratory Problems | | | |
| c. Fits, Epilepsy, Fainting Attacks, Migraine, Severe Head Injury | | | |
| d. Eye Problems/ Poor Vision | | | |
| e. Ear Problems/ Deafness | | | |
| f. Diabetes | | | |
| g. Bone or Joint Injury | | | |
| h. A "Carrier" status for any infectious disease | | | |
| i. Have you received any Medical treatment within the last two years which require hospitalization or admittance into a medical institution? | | | |
| j. Are on any routine medication or long-term medical treatment? | | | |
| 2. Any other health/ medical conditions not listed above? | | | |
| 3. Have you any history of mental illness or have been admitted into an institution of mental health? | | | |
| 4. Have you ever been charged/convicted in a court of law in any country? | | | |

Applicant's/ Parent/Lawful Guardian's Declaration

- ❖ I declare that all the information provided above is true to the best of my knowledge and I have not willfully suppressed any facts.
- ❖ I understand that as required by SKC, I will need to provide a Doctor's certified letter to indicate that the practice of Kendo will not endanger or pose any risks to my/my child's/my ward's health as a result of any indicated medical condition(s) above.
- ❖ I understand that if I am currently 40 years old and above and have not practiced Kendo before, as required by SKC, I will need to provide a Doctor's certified letter to indicate that I am fit to practice Kendo.
- ❖ I understand and agree that SKC reserves the right to reject this Application and/or prevent me/ my child/ward from joining Kendo and participating in any Kendo related activity if the Doctor's certified letter is not submitted.

Name/Signature: _____

Date: _____

For Applicants (Adults/ Students (above 16 years old))

I, _____ the undersigned, NRIC/ Passport Number: _____ hereby apply for membership to the SINGAPORE KENDO CLUB.

- ❖ I agree to abide by the Constitution and Rules of the CLUB.
- ❖ I declare that I will be law abiding and of good character.
- ❖ I will not do anything to disgrace the CLUB or abuse the training I shall acquire from the SINGAPORE KENDO CLUB (SKC)
- ❖ I accept that I am undergoing training at my own risk. I agree to abide by all lawful commands and instructions of the teachers and members of the committee. Nonetheless, I shall hold myself solely responsible for any internal or external injuries that I may sustain during training.
- ❖ I indemnify the club and the members of the committee against all damages, including damages to third persons and property, caused by my actions.
- ❖ I accept that the committee may suspend me from training or revoke my membership without assigning any reason whatsoever.

Name/ Signature of Applicant : _____

Date of Application: _____

For Parents/ Lawful Guardians of Applicants (Below 16 Years old)

I, _____, NRIC/ Passport Number: _____, being the Parent / Lawful Guardian of Applicant : _____ (Full Name), have read and agree to the conditions stated in this Application Form.

- ❖ I hereby give consent to my Son / Daughter / Ward (_____ (Full Name)) to join the SINGAPORE KENDO CLUB (SKC), having fully understood the risks involved in the practice of Kendo.
- ❖ I hereby declare and agree that I absolve SKC, its committee and its members of all liabilities, including but not limited to injuries or loss of any kind including loss of life, whether directly or indirectly sustained by my Son's / Daughter's / Ward's (_____ (Full Name)) participation in the SKC's training and activities.
- ❖ I accept that the committee may suspend my Son/Daughter/Ward from training or revoke their membership without assigning any reason whatsoever.

Name/ Signature of Parent/Lawful Guardian : _____

Date of Application: _____