

MEMBERSHIP APPLICATION

LeRoy Karate & Self Defense Center
66 Main Street
LeRoy, New York 14482
PH: (585) 414-3181

APPLICANT NAME _____

TODAY'S DATE _____ / _____ / _____

PERMANENT ADDRESS _____

CITY, STATE, & ZIP CODE _____

PHONE () _____

DATE OF BIRTH _____ / _____ / _____

AGE _____

SEX (Please Circle): M F

OCCUPATION: _____

EMAIL: _____

PHYSICIAN'S NAME & PHONE NUMBER _____

Have you been cleared to begin an exercise program? _____

IN CASE OF EMERGENCY, who should we contact? _____

REALTIONSHIP _____

PHONE () _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE ANSWER THE FOLLOWING:

1. Do you have any disease/ illness or limitation that by using Main Street Fitness Center could be harmful to yours or anyone else's health or well being? Yes No

If yes, please explain _____

2. Are you currently taking any medications that by could be harmful to yours or anyone else's health or well being? Yes No

If yes, please describe: _____

3. Do you have a history of injuries and/or obstacles which may prohibit you from certain exercises? Yes No

If yes, please describe: _____

4. Have you been hospitalized or had major surgery in the past 5 years? Yes No

If yes, please explain: _____

5. Are you a smoker? Yes No

6. Do you have any allergies? Yes No

If yes, please describe: _____

Would you be interested in personal training sessions? Yes No

PLEASE READ AND SIGN WHERE INDICATED.

(PARENT OR GUARDIAN SIGNATURE REQUIRED IF UNDER 18 YEARS OF AGE)

I, _____, HEREBY MAKE APPLICATION FOR TRAINING AT **MAIN STREET FITNESS / LEROY KARATE OR ANY OTHER CLASSES**, AND UPON ACCEPTANCE I SINCERELY PLEDGE TO OBEY ALL CLUB RULES AND REGULATIONS, WHICH ARE SET UP FOR THE PURPOSE OF KEEPING ORDER AND FOR THE PROTECTION OF MEMBERS FROM INJURY. I RECOGNIZE THAT A RISK IS INVOLVED IN FITNESS TRAINING, MARTIAL ARTS, CARDIO, AND OTHER FITNESS CLASSES OFFERED WHICH REQUIRES MY STRICT ADHERENCE TO THE RULES AND INSTRUCTORS DISCIPLINE. I REALIZE THAT I AM NOT FORCED TO DO ANYTHING I WISH NOT TO. TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS CORRECT. I UNDERSTAND THAT I MAY USE THIS GYM ANYTIME OF DAY OR NIGHT AND THAT THERE MAY NOT BE ANY EMPLOYEES ON STAFF OR IN THE FACILITY AND I WILL BE HELD RESPONSIBLE FOR MY OWN BEHAVIOR AND ADHERING TO THE RULES ON THE FOLLOWING PAGES.

IN CONSIDERATION OF MY ACCEPTANCE INTO THIS CLUB, I HEREBY FOR MYSELF, MY HEIRS, MY EXECUTORS AND ADMINISTRATORS, WAVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST **MAIN STREET FITNESS / LEROY KARATE** ORGANIZATION, ITS INSTRUCTORS, EMPLOYEES, AGENTS, MEMBERS, AUTHORIZED GUESTS, INSTRUCTORS WHO RENT SPACE FROM MAIN STREET FITNESS AND BUILDING OWNERS.

IN CONSIDERATION OF THE ACCEPTANCE OF THE ABOVE NAMED APPLICANT AT **MAIN STREET FITNESS / LEROY KARATE**, AND RECOGNIZING THAT A RISK IS INVOLVED IN FITNESS TRAINING, MARTIAL ARTS, CARDIO, AND OTHER FITNESS CLASSES OFFERED. I THE UNDERSIGNED PERSON, PARENT OR GUARDIAN, HEREBY AGREE TO SAVE, INDEMNIFY AND KEEP HARMLESS **MAIN STREET FITNESS / LEROY KARATE**, ITS INSTRUCTORS, EMPLOYEES, AGENTS, INSTUCTORS WHO RENT SPACE FROM MAIN STREET FITNESS, MEMBERS, AUTHORIZED GUESTS AND BUILDING OWNERS AGAINST ANY OR ALL OF THE FOLLOWING: LIABILITY CLAIMS, JUDGEMENTS OR DEMANDS FROM DAMAGES ARISING FROM ACCIDENTS OR INJURIES OF THE ABOVE NAMED APPLICANT. WHEN USING SHOWER I UNDERSTAND THAT I AM DOING SO AT MY OWN RISK.

**IN SOME CASES, A DOCTOR'S EXCUSE MAY BE REQUIRED PRIOR TO STARTING AN EXERCISE PROGRAM.

I UNDERSTAND THAT I MAY BE EXPELLED OR REMOVED FROM MAIN STREET FITNESS OR LEROY KARATE AT THE DISCRETION OF THE EMPLOYEES OR INSTRUCTORS.

****ALL FEES ARE NON-REFUNDABLE IN ALL CASES** (INCLUDING EXPULSION OF A STUDENT)**

APPLICANT SIGNATURE: _____

PARENT OR GUARDIAN SIGNATURE (if under 18): _____

DATE BEGAN: _____ / _____ / _____ **APPROVED BY:** _____

BY SIGNING ABOVE YOU HAVE AGREED TO AND READ ALL RULES AND INFORMATION IN THIS PACKET.

LEROY KARATE & SELF DEFENSE CENTER SAFETY RULES

1. No one works out without basic safety equipment. This includes:

Men: Groin cup and mouth guard

Women: Mouth Guard

(Mouth Guard is required when contact is likely)

2. No one spars without sparring safety equipment and without designated black belt instructor's supervision. Sparring safety equipment includes:

Men: Padded Safety Gloves and Boots

Mouth Guards and Groin Cups

Padded head protective gear is recommended

Women: Padded Safety Gloves and Boots

Mouth Guards

Breast Cups are recommended

Padded head gear is recommended

3. Physical Contact Rules

Absolutely No Contact to the following:

- Head, including face mask, eyes, temples, ears, back of head
- Neck, anywhere
- Spine, anywhere
- Groin, area
- Women's breast area

Punishment for contact to forbidden areas or more than light contact to other areas:

- First offense: 25 push-ups
- Second offense: Discretion of instructor including possible dismissal from Tatsu-Do.

Light Contact: (Defined as no penetration or visible movement of opponent)

- Allowed to only front part of chest (except for girls and women) and abdomen above the waist

4. Only well practiced and controlled technique is allowed.

5. Everyone must learn and practice these rules and will be observed by instructors for compliance or any violations. Offenders will be expelled.

ASK ANY OF THE INSTRUCTORS REGARDING SAFETY RULES OR EQUIPMENT.