



Participation Application - UNDER 18's

Please type or use block capitals.

Students Parent or Legal Guardian details:

Full Name & Address	Relationship to Student	Mobile and email

Student Details:

Full Name, Address & Age	Preferred Name	Mobile and Email

• Does the student suffer from any physical injuries or disabilities? YES / NO

If yes give details:

• Does the student have any special needs or requirements? YES / NO


If yes please give details:

• Has the student ever been convicted of a crime of violence? YES / NO

If yes please give details:

• Please circle YES / NO if you're happy for us to hold the information on this form on our database. This confidential information is held by us only and is not passed to any other party. We may use your details for Empower Academy marketing.

DECLARATION – PLEASE READ CAREFULLY

1. I understand that martial arts are physical and evolves forceful contact with instructors, students, competitors and objects.
2. I accept that there is a risk of injury in learning and practising martial arts.
3. I agree that I shall not hold Empower Academy or any of its schools, instructors, or students liable for any injury or illness that I may sustain because of learning and/or practising martial arts.
4. I will not hold any of its schools, instructors, or students liable for catching any airborne virus from training with Empower Academy.
5. I agree to abide by the rules and regulations of Empower Academy if I should be accepted as a member.
6. I am aware that Empower Academy adheres to New Zealand Child safeguarding Practices and has a Child Safegaurding Policy that is available on the Website and on request.
6. I am aware that Empower Academy will use photographs and imagery of classes on their social media. PLEASE INDICATE HERE IF YOU **DO NOT** WANT YOUR IMAGE USED BY CROSSING THIS BOX. 
7. I am aware Empower Academy will seek specific permission to do official promotional photoshoots with individuals.

Students signature:Date.....

Parent or Legal Guardians signature:Date.....

Payment Details:
Cash or ANZ Bank Deposit Tara Ruff A/N 06-0209-0803453-00
Ref: Students Name