



BEYOND GRAPPLING CLUB

Membership form/Player Screening

Welcome to Beyond Grappling Club. Please take a moment to answer these questions:

Surname:_____ **First Name:**_____ **Gender:** M F

DOB:_____ **Home Ph:**_____ **Mobile:**_____

Address:_____

Email Address:_____

Contact in case of emergency:

Name:_____ **Relationship:**_____

Phone:_____ **Mobile Phone:**_____

How did you hear about us?_____

Have you participated in Judo/BJJ/ Grappling before? YES NO (if yes, details)_____

Exercise history:

Are you currently physically active? YES NO If yes, please give details below:

Type of activity:_____ Intensity: Low Med High

Days per week:_____ Duration:_____

Medical information:

Doctors Name:_____ Doctors Phone Number:_____

Medicare Number:_____ Private Health Fund:_____

Membership Number:_____ Do you have ambulance cover? YES NO

If yes, details:_____

Medical History

Are you currently taking any medications? YES NO If so, please list:

Will any of these medications have any effect on your training? YES NO

If yes, please describe:

Have you had surgery recently? YES NO If so, please describe:

Have you been diagnosed with any of the conditions listed below:

	Yes	No	Please describe
Asthma			Medicated?
Arthristis			Medicated?
Diabetes			Type 1 or 2: Medicated?
Gout			Medicated?
Heart Condition			Medicated?
Hernia			
High cholesterol			Medicated?
High or Low Blood pressure			Medicated?
Stroke			
Any other illness			
Are you pregnant?			

*If you answered yes to any of the above a medical clearance may be required

Have you ever experienced any the following:

	Yes	No	Describe:
Pain/tightness in the chest			
Heart Palpitations / irregularity			
Dizzy spells / light headedness			
Respiratory problems			
Circulatory problems			
Stomach ulcer			
Muscle cramping			
Muslce or joint pain			

Are there any special conditions not listed above that may affect your training?

It is important for you to understand that while our coaches will do all they can to make your training safe, effective and enjoyable, you are choosing to partake in Judo and Brazilian Jujitsu at your own risk. By signing below you acknowledge that you have completed the above information to the best of your knowledge. You give permission for the coaches and/or management to act in the manner they best see fit in the event of injury or illness, and accept all expenses and costs in this event.

Player signature _____ Club Representative Signature _____

Parent/guardian signature _____ Date _____

Players Agreement / Waiver

I agree to assume all risks, both known and unknown, and all consequences thereof, arising out of or in connection with my competing or participating in Judo and Brazilian Jiu jitsu at the Beyond Grappling Club. I agree to adhere to all rules, regulations and conditions of this sport and the Academy. I certify that:

1. I am in good physical condition and I have no: injury, disease or disability nor have I injected or ingested anything that would impair my performance or physical condition or increase the likelihood of injury in competing or participating in this event or increase my performance due to ingestion of substances not approved by ASADA.
2. No physician, nurse, therapist, trainer, coach, manager or other person has advised me not to compete or participate in a Judo, Brazilian Jiu jitsu or any other body contact sport.
3. I am familiar with the sport of Judo and Brazilian Jiu jitsu and the nature of a sport and training. I am aware that there is a high risk of injury by the very nature of the sport.
4. I understand that in the event of an injury or illness the coaches and/or officials of the Beyond Grappling Club. may act on my behalf if needed, this may include medical treatment. I agree to accept all expenses and costs, which may be incurred as a result of this.
5. I agree to advise the Beyond Grappling club. in the event that any of my medical, personal, or contact details change.
6. Parent(s) or legal guardian of minor participants under 18 years of age additionally agree that they will instruct the minor participants to the above warnings and conditions and their ramifications, and that they consent to the minor’s participation.

I further agree that Beyond Grappling Club has the right to use, in such form plus for such time period as Beyond Grappling Club may in its sole discretion choose, without payment of any fee or charge photograph images, likeness, video tapes or any other recordings or reproductions of me to further the objectives of Beyond Grappling and Beyond Grappling Club. including without limiting the generality of the foregoing:

- a. The training, education, development of judoka, coaches, officials and for Beyond Grappling Club promotional purposes.
- b. This document shall be binding upon myself, my heirs, executors, administrators, assigns and personal representatives.

I have read this document, understand that I give up substantial rights by signing it and knowing this, sign it voluntarily. I agree to participate knowing the risks and conditions involved and do so entirely upon my own free will.

Name: Signature..... Date:.....

Parent / Guardian Name:Signature..... Date:.....