

MERPATI PUTIH AUSTRALIA Inc.

Registration Form



www.merpatiputih.com.au
Email: info@merpatiputih.com.au

First Name	:	_____	Last Name	:	_____
Date of Birth	:	___ / ___ / ___ dd/mm/yyyy	Sex	:	_____
Address 1	:	_____	Address 2	:	_____
Suburb	:	_____	Post Code	:	_____
City	:	_____	State	:	_____
Mobile Phone	:	_____	Home Phone	:	_____
Email	:	_____			

If student age is below 17 years please complete the following:

Mother's Name	:	_____	Mobile Phone	:	_____
Father's Name	:	_____	Mobile Phone	:	_____

Tick all that apply:

Do you have any physical handicaps?	Yes	No
Do you have high blood pressure?	Yes	No
Do you have heart disease?	Yes	No
Do you have lung disease?	Yes	No
Do you have asthma?	Yes	No
Or other disease?	Yes	No

If yes to any above, Explain : _____

Your family physician	:	_____
Contact Name in case of emergency call	:	_____
Relationship to student	:	_____
Contact Mobile Phone	:	_____

Select and tick a program below:

Fitness & Health	Meditation Practice	Woman Self Defense	Youth Martial Arts	MP Martial Arts
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AGREEMENT AND LIABILITY WAIVER

PLEASE INITIAL WHEN READ CAREFULLY AND AGREED UPON. THIS IS A LEGAL AGREEMENT AND LIABILITY WAIVER.

X_____ In consideration of being accepted as a member, I the undersigned, agree to abide by the constitution and by laws of this organization and all applicable rules and regulations of Merpati Putih Australia Inc..

X_____ I the undersigned, further, do hereby, for myself, my heirs, executors, administrators, and assigns waive, release, and forever discharge any and all rights and claims for damages which I may have or which hereinafter accrue to me against this Merpati Putih Australia Inc., including instructors, its officers, employees, and respective officers, agents, representatives, successors, and/or assigns, for any and all damages which may be sustained and suffered by me in connection with my association with or entry in any practice, class, contest, tournament, examination, demonstration, testing, promotions, or any athletic event of the school, or which may arise out of my traveling to, participating in, or returning from such endeavors.

X_____ I, the undersigned, further agree to waive any claims against Merpati Putih Australia Inc. and/or the Head Instructors, and/or any and all other instructors connected with Breathing Exercise, Inner Power lessons, demonstrations, and/or tournament championships for any injuries I may sustain.

X_____ I, the undersigned, fully understand that "Merpati Putih Australia Inc." is a CONTACT SPORT, and I am responsible for my own medical coverage.

By _____ Date _____

Student's Signature

By _____ Date _____

Parent or Guardian if a minor



NOTES

1. Fill the Form at page 1 and send it via email to: info@merpatiputih.com.au

This Form can be edited directly using Adobe PDF Reader. Fill the form then Save As this form in to your PDF file, ready to attach in the email.

2. We will inform you to book an appointment for interview
3. You will sign the AGREEMENT AND LIABILITY WAIVER form page 2 during the interview session
4. For more details information in regard to Merpati Putih program, visit our website at: www.merpatiputih.com.au or send us email at: info@merpatiputih.com.au