



**South Australia 2019 Gasshuku  
Friday 17<sup>th</sup> / Saturday 18<sup>th</sup> / Sunday 19<sup>th</sup> May**

**Gladstone Gaol, Ward Street, Gladstone SA 5473**

**Theme: Feet Position, Stance, Hips & Posture**

**Registrations close on 9<sup>th</sup> May**

**Family Name:**

**Number of members training:**

We are REGISTERED INSURED members of ..... Dojo

**NOMINATION FEE STRUCTURE**

|  |                     |                    |  |
|--|---------------------|--------------------|--|
| <b>Adult</b>                             | <b>\$100 x ____</b> |                    | All training seminars, accommodation and all meals   |
| <b>Child (under 16)</b>                  | <b>\$70 x ____</b>  |                    | All training seminars, accommodation and all meals   |
| <b>Supporter (Adults)</b>                | <b>\$80 x ____</b>  |                    | Attending but not training, accommodation and all meals  |
| <b>Supporter (Child)</b>                 | <b>\$60 x ____</b>  |                    | Attending but not training, accommodation and all meals  |
| <b>Non Member (Adult)</b>                | <b>\$110 x ____</b> |                    | Not a member of TSKF, accommodation and all meals  |
| <b>Non Member (Child)</b>                | <b>\$85 x ____</b>  |                    | Not a member of TSKF, accommodation and all meals  |
| <b>All that are not staying at venue</b> | <b>\$50 x ____</b>  |                    | Meals only   |
|  |                     | <b>Total .....</b> | Please return forms and money to your Dojo Head by 9 <sup>th</sup> May.<br><br><b>If you have <b>not</b> filled out a medical form in <b>2018-19</b>, please fill out the form overleaf.</b> |

Family Details:

|   |   |  |
|---|---|--|
| <b>Number of children special Saturday dinner</b> | <b>Number of supporter attending (not training)</b> | <b>Any allergies or dietary requirements</b> |
| .....   | .....   | .....  |



### MEDICAL CLEARANCE FORM

Please complete this form if you have not already attended a State event in 2018-19.

Participants Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Dojo: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING DECLARATION. YOUR DOCTOR OR SPECIALIST CAN USE THIS FORM TO GIVE YOU CLEARANCE (IF REQUIRED) BY COMPLETING THE MEDICAL CLEARANCE SECTION BENEATH:**

Do you have any of the following conditions (please circle as appropriate):

- |   |  |
|---|--|
| <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Epilepsy                |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Chronic chest condition |
| <input type="checkbox"/> High blood pressure  | <input type="checkbox"/> Are you pregnant        |
| <input type="checkbox"/> Any other medical conditions, including injuries or psychological issues that may prevent you from participating |  |
| <input type="checkbox"/> <b>NONE OF THE ABOVE</b>   |  |

Signed: \_\_\_\_\_ Guardian Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**IF YOU ANSWERED YES TO ANY OF THE MEDICAL QUESTIONS, THEN THE FOLLOWING MEDICAL CLEARANCE MUST BE PROVIDED BY YOUR DOCTOR OR SPECIALIST:**

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This medical Clearance form is to be filled out, **signed-off and stamped** by your doctor or specialist.

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Medical Condition requiring clearance: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

I, Dr \_\_\_\_\_

Say the participant named above suffers from the stated condition and I give medical clearance for this individual to participate in the karate activities of TSKF South Australia.

Notes: \_\_\_\_\_

Doctor's Signature & stamp: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_