



**JUDO FEDERATION OF AUSTRALIA (NSW) INC.
NEW TEMPORARY MEMBER APPLICATION FORM (FM004)**

CLUB: _____ **DATE:** _____

First Name: _____ **Surname:** _____

Address: _____ **Suburb:** _____ **State:** _____

Post Code: _____ **D.O.B.** _____ **Male** **Female** (circle)

(H)Phone: _____ **(W)Phone:** _____ **Mobile:** _____

Email: _____ **Previous Registration No:** _____

Conditions Of Temporary Membership: This membership applies from the date of issue until 4 weeks after the first session (when participating in club training session), or 6 weeks (when participating in a dedicated "Beginners Course or Come and Try Course"), date as listed below.

VALID FROM: **VALID TO:**.....

Please complete Questions 1. to 4.

1. How were you referred to the club or membership (e.g. newspaper, phone, internet, word of mouth)?

2. Do you have any known medical conditions, which may affect (e.g. cause you any risk or injury) you or your ability to participate in the sport of judo or be caused by your participation in the sport of judo?

3. List any medications regularly taken by you?

4. Is there any other information you should declare prior to participating in a contact / combat sport like judo?

Note: 1. As a result of answers to Questions 2 to 4 above, before accepting this application, the JFA (NSW) Inc. may require a report from an appropriate medical authority which states the applicant is fit to participate in the sport of judo. Where the applicant has listed issues in response to Questions 2 to 4 which may affect his / her ability to participate in judo, clubs are to await advice from the JFA (NSW) Inc. office on approval of membership before allowing participation. Inclusion of a medical clearance will facilitate this process.
2. There is no fee to the JFA (NSW) Inc. for the temporary membership nor will the temporary member be added to the JFA (NSW) Inc. registration of members.
3. This form will be held by the JFA (NSW) Inc. affiliated club for the duration of the temporary membership.

I acknowledge that all information relevant to this application is complete and accurate.

Signed: _____ **Date:** _____

Office Use Only	New Registration No. _____		Date: _____	
	Fee Paid:	Yes	No	
	Identification Provided:	Yes	No	

Return to:	JFA (NSW) Inc. <u>By post:</u> PO Box 6441 SILVERWATER NSW 2128 Australia	or	JFA (NSW) Inc. <u>By hand:</u> Ground Floor Sports House 6A Figtree Drive SYDNEY OLYMPIC PARK (NO CASH WILL BE ACCEPTED)
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