



FIGHTING SPIRIT

Sparring competition 2016

Step out of your comfort zone. Feel the fear and adrenalin rush as you take on another human in unarmed combat. Do something that you never thought you would do, surprise yourself, deep down this is what you yearn for; the chance to be wild, the chance to be dangerous.

Expect the unexpected. You may be standing and fighting, you may be grappling, you may be doing both and it can change during the round. You may be sparring for 1 min, maybe 3 minutes, you just never know. You may have one fight, you may have several, **that's what Fighting Spirit is all about.**

Contact is controlled and sparring gear is a must. Have your own mouth guard and groin guard and shin instep protectors. Min 10 oz gloves are recommended.

Friday 26th August. 372 Darling st. 6.30pm

LIMITED PLACES SO BE EARLY

Applications close Wed 17th August. Cost: \$50.

Please return both forms and entry fee by the cut off date

Name: _____

Height: _____ Weight: _____

Years Training: _____

Current Belts: _____

Comp Experience: _____

Dojo _____



Agreement and waiver

I request to participate in martial arts activities with Fightclub Pty Limited ABN 65 067 860 691 t/as Northstar Martial Arts ("Northstar Martial Arts").

I acknowledge and agree that martial arts, including, Shinbudo, gradings, competitions and seminars and, is a **DANGEROUS RECREATIONAL ACTIVITY**, which includes intentional physical contact with both trained and untrained persons and high levels of physical activity and mobility and which carries the significant risk or serious injury or death. I acknowledge and agree that I participate **AT MY OWN RISK**.

I **RELEASE** Northstar Martial Arts and its officers, employees and contractors, the owners of the premises, the organisers, sponsors, other participants and any other persons involved in my participation in martial arts activities with Northstar Martial Arts ("Releasees") **FROM ANY DEMAND, CLAIM, OR OTHER PROCEEDING IN RELATION TO ANY INJURY OR DEATH** in connection with my participation in martial arts activities with Northstar Martial Arts, whether or not caused by the negligence of a Releasee, and **INDEMNIFY** each Releasee in relation to any demand, claim or proceeding that may be brought in connection with my participation in martial arts activities with Northstar Martial Arts.

I represent that I have no injuries, physical restrictions, disabilities or predispositions to sickness or injury ("Medical Condition") other than those identified on this form below and that I have checked with a medical practitioner that no Medical Condition may be aggravated or adversely affected as a result of participation in martial arts activities.

I understand and agree that this agreement, including the waiver of liability, is ongoing and will apply to all future occasions I participate in martial arts activities with Northstar Martial Arts.

Signed:

Date:

Exercise & Training Readiness Assessment

(Please note that we will treat your information confidentially)

- | | |
|--|---|
| <p>1) Do you have or have you had:</p> <ul style="list-style-type: none">• Heart disease • High blood pressure• High cholesterol• Lung disorder (Asthma, Emphysema)• None of the above <p>2) Have you been told that you have heart problems, eg:</p> <ul style="list-style-type: none">• Heart murmur • Valve defect• Racing heart • Irregular beats• Angina• None of the above <p>3) Do you have or have you experienced:</p> <ul style="list-style-type: none">• Epilepsy • Fainting • Seizures• Dizzy spells • Convulsions• None of the above <p>4) In the previous 12 months, have you experienced:</p> <ul style="list-style-type: none">• Concussion • Severe Cramps• Persistent headaches / Nausea• Unexplained muscle soreness• None of the above | <p>5) Have you experienced any muscular pain in the last 6 months?</p> <ul style="list-style-type: none">• Yes • No <p>If yes, please explain:
.....</p> <p>6) Have you experienced any joint pain in the last 6 months?</p> <ul style="list-style-type: none">• Yes • No <p>If yes, please explain:
.....</p> <p>7) Have you had any musculo-skeletal, joint or bone problems requiring treatment?</p> <ul style="list-style-type: none">• Yes • No <p>If yes, please explain:
.....</p> <p>8) Are you aware of any medical reason / condition which might prevent you from participating in an exercise program?</p> <ul style="list-style-type: none">• Yes • No <p>If yes, please explain:
.....</p> <p>9) Do you have any allergies which may affect your capacity / ability to exercise?</p> <ul style="list-style-type: none">• Yes • No <p>If yes, please explain:
.....</p> |
|--|---|



Signature:

Date: