

# AUSTRALIAN SHOOTO COMMISSION

Suite 2, Level 1, 167 Castleraagh Street, Sydney NSW 2000  
Mob 0412 393 414 Fax 9283 6423  
shooto@boxingworks.com.au

## FORM – A

### REGISTRATION FORM – 2003

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Surname Given Name

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ P/C: \_\_\_\_\_

PHONE: (A.H.): \_\_\_\_\_ (B.H.): \_\_\_\_\_

MOBILE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### FIGHTING RECORD

SHOOTO	WIN		DRAW		LOST	
KICKBOXING	WIN		DRAW		LOST	
BOXING	WIN		DRAW		LOST	
THAI FIGHTS	WIN		DRAW		LOST	
OTHER FIGHTS	WIN		DRAW		LOST	

Details of other combat sport experience:

\_\_\_\_\_

Club/Gym: \_\_\_\_\_ Trainer: \_\_\_\_\_

Club/Gym Address: \_\_\_\_\_

### EXCLUSION OF APPLICANT

Have you ever been excluded from any combat sport or Martial Art, in the past by a medical practitioner or any other person or entity or Martial Arts Club?

YES If yes give details: \_\_\_\_\_

### DECLARATION OF UNDERSTANDING

#### **Shooto is Dangerous**

I have read and understood the terms of the Shooto contract or if I did not understand the terms of the contract I requested an independent person to explain them to me.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

### REGISTRATION REQUIREMENTS

\$66.00 Incl. GST Amateur Registration Fee

2 Passport Photos

Completed Form – A

ASC Registration Form

Completed Form – B

ASC Shooto Contract

Completed Form – C

ASC Medical Clearance Form

# AUSTRALIAN SHOOTO COMMISSION

## FORM – B

### SHOOTO CONTRACT

### SHOOTO IS DANGEROUS

The following conditions must be read carefully:

#### 1. Interpretation

“The applicant” means the individual who signs this contract and agrees to be bound by the terms.

“ASC” means the Australian Shooto Commission its servants, its agents and contractors

#### 2. Acceptance

I, \_\_\_\_\_  
Full name

Of \_\_\_\_\_  
Residential Address

The Applicant, hereby agree to be bound by the terms of this contract with the Australian Shooto Commission and the persons named and described in Schedule 1. Hereinafter jointly and severally referred to as “the providers”. The providers agree to permit me to use their premises and facilities for Shooto, to let me compete in Shooto and related activities (the service) upon subject to the following terms and conditions:

##### (a) ASC fees

The applicant will pay on demand the prescribed or stated fees for the service. Such fees may be notified to the applicant by letter or memorandum or by notice displayed in the provider’s premises or premises occupied by the provider or verbally.

##### (b) Medical Conditions

The Applicant warrants that he has not at any time suffered any blackout, seizure, convulsion, and fainting or dizzy spells and is not presently receiving treatment for any illness, disorder or injury, which would render it unsafe for the applicant to take part in Martial Arts.

##### (c) Exclusion of Applicant

The Applicant warrants, that he has not, at any time been excluded from Shooto, Combat Sports or Martial Arts, by a medical practitioner or any person or entity including a Martial Arts Club or Combat Sport Organization.

##### (d) Rights of a Consumer

If the Trade Practices Act 1974 or similar state laws apply to this agreement then certain terms and rights may be applied into this contract which operate for the benefit of the supplier flowing from them, cannot be excluded, restricted or modified by any provision of the contract.

**PLEASE NOTE THE FOLLOWING**

If the Trade Practices Act 1974 or similar states laws operate so as to prevent the exclusion, restriction or modification of warranties otherwise implied by those laws then the liability of the offerer for breach of those warranties is limited to:

- (i) The re-supply of Shooto competition and related activities
- (ii) The payment of the cost of having the competition and related activities supplied again.

**(e) Waiver and Indemnity**

In all other cases and except where inconsistent with the above, the Applicant for himself, his executors, administrators, dependents and other personal representatives, hereby absolves and indemnifies the providers and all their servants, representatives, employees and other students or persons under the providers control (the "indemnified") from all liability howsoever arising for injury or damage (including but not limited to the Applicants' person, whether fatal or otherwise, property and personal belongings) however caused including by the negligence of the indemnified, arising out of or participating in Shooto or in connection with Shooto or in anyway caused by, or arising out of, any activity carried on by the indemnified.

**(f) Shooto done at Applicant's own risk**

Any person competing in Shooto, or in activities connected with Shooto or participating in any activity carried on by this Club/Academy/Company/Commission are only allowed to do so on the distinct understanding that they do so at their own risk.

**(g) Acceptance**

Any one or more of the providers may affect performance of the provider's obligations under the contract either jointly or severally.

**(h) Governing Law**

Any agreement entered into pursuant to this acceptance is to be governed by the laws of the State of New South Wales and the Courts of New South Wales shall have exclusive jurisdiction to entertain any action in respect of any such agreement.

**(i) Statement of Understanding**

I, the Applicant have read, or have had read to me the above conditions and having understood the same, I consent to the activities proposed.

Signed (Applicant)

Name \_\_\_\_\_ Signature \_\_\_\_\_

This (date) \_\_\_\_\_ day of (month) \_\_\_\_\_ 20 \_\_\_\_\_

In the presence of (signature of witness)

Name \_\_\_\_\_ Signature \_\_\_\_\_

# AUSTRALIAN SHOOTO COMMISSION

## FORM - C

### MEDICAL CLEARANCE

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ P/C \_\_\_\_\_  
 Phone: A.H. \_\_\_\_\_ B.H. \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Club/gym: \_\_\_\_\_ Trainer: \_\_\_\_\_  
 Club address: \_\_\_\_\_ P/C \_\_\_\_\_  
 Phone: A.H. \_\_\_\_\_ B.H. \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Have you previously or do you currently suffer from

	Yes	No		Yes	No
Epilepsy			Severe head aches		
Fainting			Migraine head aches		
Deafness			Pneumonia, tuberculosis		
Concussion			Joint injury or disability		
Paralysis			Renal or Bladder disease		
Sight problems			Asthma		
Rheumatic fever			Mental illness or disability		
Nervous disorder			Heart disease or condition		
Diabetes			High or low blood pressure		
Fractures or breaks			Any other injury or disorder		

### **Examination comparison** Mark N = Normal A = Abnormal NPE = No Previous Examination

Head	Eyes	Visual Field	Upper Extremities
Face	Ears	Eye Movement	Lower Extremities
Neck	Hearing	Cathalmoscopic Exam	Posture (standing)
Scalp	Lungs	Tympanic Membranes	Nervous System
Nose	Heart	Eustachian Tubes	Lymphatic System
Chest	Skin	Vascular System	Emotional stability
Mouth	Feet	Abdomen	Mental capacity
Teeth	Spine	External Genitalia	Identifying marks
Gums	Gait	Endocrine System	Other
Frame: LG <input type="checkbox"/> MD <input type="checkbox"/> SM <input type="checkbox"/>	Blood Pressure ____/____	Distant Vision	
Weight kg _____	Urinal Analysis ____/____	RS Corro	
Height cm _____	Eyes Colour L _____ R _____	LS to 6	
HIV Yes <input type="checkbox"/> No <input type="checkbox"/> Hepatitis B Yes <input type="checkbox"/> No <input type="checkbox"/> Hep B Injection Yes <input type="checkbox"/> No <input type="checkbox"/>			

### RELEASE OF INFORMATION

I, \_\_\_\_\_ authorise the release of all information contained in this report to the Australian Shooto Commission and its Officers

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ P/C \_\_\_\_\_

FIT TO COMPETE IN SHOOTO CONTEST: YES  NO

Signature of Examining Doctor: \_\_\_\_\_ Date: \_\_\_\_\_