



SINGAPORE KENDO CLUB

163D Upper East Coast Road, Singapore 455264
www.singaporekendo.org.sg

Membership Application Form

Please note that this form has to be filled **in FULL** and every page **initialized at the top right corner**.

The Singapore Kendo Club reserves the right to reject this application form and bar the applicant from joining any activity if this form is not duly completed and submitted.

Note:

- A one-time *registration* charge of \$10 will be applicable upon submission of this form.
- All members with any prior training in Kendo need to submit a copy of their most recent Kendo grading certificate with this form.

**MUST
attach
photograph
of applicant
HERE**
(Please use glue)

Personal Particulars (in BLOCK letters)

Last (Family) Name:		First (Given) Name:	
Alias (if any):		Name in Chinese/ Japanese Kanji Characters:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth (DD/MM/YYYY):		Age:	
Place of Birth:		Nationality:	
NRIC/FIN/Passport No.:		Race:	
Residency status: <input type="checkbox"/> Singapore citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Non resident			
Home Address:		Postal Code:	
Contact No.: (Mobile)		(Home)	
Email Address:			
Occupation:			
Company Name:			
School Institution:		School Level/Year:	

For those with previous training in Kendo

Present Grade: Dan / Kyu / Ungraded	Year present grade obtained:
Name of Dojo:	Country:

For Official Use:

Payment received: \$	Payment Mode: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Date received:
Pro-rated Membership Fees: \$	From: To:	Receipt No.:
Remarks (if any):	A / S / C / B / R-R	D/B: <input type="checkbox"/>

The Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

SECTION 1 – GENERAL HEALTH

	Please read the 7 questions carefully and answer each one honestly: Check YES or NO	YES	NO
1	Has your doctor ever mentioned that you have a heart condition OR high blood pressure?		
2	Do you feel pain in your chest at rest, during your daily activities of living, OR when you do any physical activity?		
3	Do you lose your balance because of dizziness or have you lost consciousness in the last 12 months? <small>(Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).</small>		
4	Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE:		
5	Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE:		
6	Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? <small>Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active.</small> PLEASE LIST CONDITION(S) HERE:		
7	Has your doctor ever said that you should only do medically supervised physical activity?		

If you answered YES to one or more questions

Medical clearance by a medical professional is required. Talk with your doctor in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered **YES**.

- You may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered NO to ALL questions

If you answered **NO** honestly to **ALL PAR-Q** questions, you can be sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easier way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.



Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active
- Your health changes – Please talk to your doctor or health care practitioner before continuing with any physical activity programme.

PLEASE NOTE: If your health changes so that you then answer **YES** to any of the above questions, please inform your coaches & consult your treating doctor. Ask whether you should change your physical activity plan.

SECTION 2 – DECLARATION

- I understand that as required by Singapore Kendo Club (SKC), I will provide a Doctor's certified letter to indicate that the practice of Kendo will not endanger or pose any risks to my/my child's/ my ward's health as a result of any indicated medical condition(s) above.
- I understand and agree that SKC reserves the right to refuse a member's participation if their health is to differ from what was declared.
- I understand and agree that SKC reserves the right to reject this application and/ or prevent me/ my child/ my ward from joining Kendo and participating in any Kendo related activity if the Doctor's certified letter is not submitted.
- NO changes are permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.
- The Canadian Society for Exercise Physiology, the PAR-Q+ Collaboration, and their agents assume no liability for persons who undertake physical activity. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.
- If you are less than the legal age (16 years old and below), you are required for consent or the assent of a care provider, your parent, guardian or care provider must also sign this form.
- If the PAR-Q is being given to a person before he or she participates in a physical activity program or fitness appraisal, this section may be used for legal or administrative purposes.
- Please read and sign the declaration below:

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that a Trustee (such as my employer, community/fitness centre, healthcare provider, or other designate) may retain a copy of this form for their records. In these instances, the Trustee will be required to adhere to local, national, and international guidelines regarding the storage of personal health information ensuring that they maintain the privacy of the information and do not misuse or wrongfully disclose such information.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

The questions under the General Health section is based on the PAR-Q+. PAR-Q+ was created using the evidence-based AGREE process by the PARQ+Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or BC Ministry of Health Services.