

# COMBO NATION AUSTRALIA NATIONAL INSTRUCTORS MEMBERSHIP & INSURANCE 2020



Please return this form after it is completed and signed by a person of 18 years or older if required.  
The insurance connected to this membership expires on 31/12/2020.

Instructor Membership cost: 25  
Instructor Insurance cost: 85  
**TOTAL: \$110**

## MEMBER DETAILS

|            |       |               |   |
|------------|-------|---------------|---|
| FIRST NAME |       | SURNAME       |   |
| ADDRESS    |       | AGE           |   |
| SUBURB     |       | DATE OF BIRTH | / /   |
| STATE      |       | GENDER        | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> |
| POST CODE  | EMAIL |               |   |
| MOBILE     |       | HOME NO ( )   |   |

## IN CASE OF EMERGENCY - PLEASE NOTIFY

|             |  |                         |  |
|-------------|--|-------------------------|--|
| FIRST NAME  |  | SURNAME                 |  |
| MOBILE      |  | AGE                     |  |
| HOME NO ( ) |  | DATE OF BIRTH           | / /  |
| WORK NO ( ) |  | RELATIONSHIP            | PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER <input type="checkbox"/> |
| EMAIL       |  | IF OTHER PLEASE SPECIFY |  |

## MEDICAL DETAILS

|                                |                              |
|--------------------------------|------------------------------|
| PREVIOUS INJURIES              |                              |
| PREVIOUS SURGERY               |                              |
| ADDITIONAL MEDICAL INFORMATION |                              |
| MEDICARE NO                    | PRIVATE HEALTH CARE PROVIDER |
|                                | MEMBERSHIP NO                |

I \_\_\_\_\_ (Member/Parent/Guardian) give my permission for the member on this form to receive medical/ambulance assistance in case of emergency and agree to pay such costs incurred.  
The information provided on this form is complete and correct to the best of my knowledge and I undertake to advise Combo Nation Australia promptly of any changes that may occur. I understand that I may access my personal information held by Combo Nation Australia upon Request.

MEMBERS NAME

PARENT/GUARDIAN

SIGNATURE

DATE  /  /

# ACKNOWLEDGEMENT OF RISK, INJURY AND OBLIGATIONS



**PLEASE NOTE: This is an important document, which affects your legal rights and obligations. Please read it carefully and do not sign it unless you understand it. If you are under 18 years old, a Parent or Guardian must sign this form. If you have any questions please ask.**

## IN THE EVENT OF A SERIOUS INJURY

In the event of any serious accidental injury, all Combo Nation Australia Members, Officials and Instructors are covered by a Platinum Liability Policy of up to \$20,000,000. However, Any Combo Nation Australia Instructor, Official or Director may hold the members right to make an insurance claim if that member was:

- Not behaving or repetitively disobeying a fellow member, instructor or officials instructions,
- Attempting a skill, trick or move far beyond their skill level of which they have not trained for in a safe and methodical manner.
- Performing a skill, trick or move motivated by stupidity
- Training or competing under the influence of alcohol, legal or illegal drugs or medications.
- Training or competing on a injury, physical condition or ailment

## ACKNOWLEDGEMENT OF RISK, INJURY AND OBLIGATIONS

I acknowledge that the activities I am to undertake have potential danger and by participating in them I am exposed to certain risks. I acknowledge and understand that whilst participating in such activities;

- Any physical conditions I may have, of which I may not be aware of, which I may or may not have disclosed to Combo Nation Australia or the Australian Tricking Association servants or agents , may be aggravated or worsened by my participation
- My personal property may be lost or damaged
- I may be injured, physically, mentally, or may die
- Other persons participating in such activities may cause me injury or may damage my property, accidentally or intentionally
- I may cause injury to other persons or damage their property
- The conditions in which activities are performed may vary without warning
- I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of Combo Nation Australia or the Australian Tricking Association, its servants or agents
- There may be no or inadequate facilities for treatment or transport of me if I am injured

I assume the risk of, and the responsibility for any injury, illness, death or property resulting from my participation in and activity organised by Tricking Australia or the Australian Tricking Professionals

## AS AN INSTRUCTOR

- I acknowledge that all forms of Martial arts and Acrobatics (Tricking, Free Running, Parkour and Breakdancing) have the potential to cause minor and severe injuries, including paraplegia and death. Therefore,
  - I will do everything in my power to **LIMIT THE CHANCES OF INJURIES** by providing the safest skill progressions of learning AND the safest environment for all members, instructors, officials and patrons.
  - In the event of an injury, I will do everything in my power to make the injured person/s comfortable and take the required action of applying first aid OR calling an ambulance and allowing the professionals to do what is required.
- I acknowledge that my behavioural presence can have a profound affect on other members, instructors, officials and patrons, whether I am in direct contact or indirectly from a distance with these persons. Therefore,
  - I will **LEAD BY EXAMPLE**, instruct and supervise in a **POSITIVE** and **MATURE** manner which inspires greatness and earned respect, not demanded or forced respect.
- I will cater for all skill levels and learning abilities, and will not discriminate against those that learn slower or in a non-standard form, no matter how difficult it may be.

Initials:

Management reserves the right to refuse entry to Combo Nation Australia sessions or centre it is using and any restricted areas, whether for repair, maintenance or because of restricted use.

***Before signing this document, I have read and understand it, and understand how it affects my legal rights.***

MEMBERS NAME

SIGNATURE

PARENT/GUARDIAN

DATE   /   /

## **PAYMENT DETAILS**

### **Direct Deposit & Internet Banking Transferal**

Please Forward All Payments via Direct Deposit to:

Combo Nation  
BSB: 083-832  
ACC: 94-987-8864  
NAB

A receipt will be sent to confirm your payment once you or your instructor has lodged your membership form and the payment has been received.

### **MEMBERSHIP LODGEMENT: EMAIL**

#### **Email**

Your Membership form can be emailed to jonotaiwong@gmail.com - as long as it is signed and dated manually, then scanned or digitally photographed

### **MEMBERSHIP LODGEMENT: POST**

#### **Post**

Please Post your Membership forms to:

Jonathan Wong  
86 Phillip Cres  
Barellan Point  
QLD 4306

## **THANK YOU FOR TRICKING WITH THE COMBO NATION**

*President of Combo Nation Australia*  
**- Jono Wong**