



NEW ZEALAND KUNG-FU WUSHU FEDERATION (Inc)

紐西蘭功夫 武术 联盟

Associate Member of the New Zealand Olympic Committee
National Sport Organisation for Kung-Fu Wushu in NZ
Official Representative to the International & Oceania Wushu Federations



EXPRESSION OF INTEREST APPLICATION

KEEP A COPY OF ALL PAGES FOR YOUR RECORDS

PERSONAL DETAILS (Please PRINT)

GIVEN NAME:

SURNAME:

ADDRESS:

DOB:

PHONE: (HM) (WK)..... (MOB)

EMAIL:

NEW ZEALAND PASSPORT DETAILS

[Please read NZKWF team selection process and requirements on last page]

PASSPORT No.

EXPIRY DATE:

OTHER COUNTRY PASSPORT DETAILS (Country Name):

PASSPORT No.

EXPIRY DATE:

INSTRUCTOR'S DETAILS

INSTRUCTORS NAME:

CLUB OR STYLE:

INSTRUCTORS CONTACT DETAILS:

PHONE: (HM) (WK)..... (MOB)

EVENT DETAILS (if known)

NAME OF COMPETITION / EVENT:

LOCATION: (City/Country)

EVENT DATE:

EVENT CATEGORIES

IWUF MODERN WUSHU (TAOLU)

1 2
3 4

IWUF TRADITIONAL WUSHU

1 2
3 4

IWUF MODERN SANDA

KG:.....

PAST COMPETITION EXPERIENCE

Year:..... Event:.....Category:..... Placing:.....
Year:..... Event:.....Category:..... Placing:.....
Year:..... Event:.....Category:..... Placing:.....
Year:..... Event:.....Category:..... Placing:.....
Year:..... Event:.....Category:..... Placing:.....

MEDICAL INFORMATION

If selected to represent NZKWF you will be required to provide medical documentation if you are taking prescribed medication. You will be required to check your medication against the Drug Free Sport New Zealand's (DFS) Anti-Doping Policy and the WADA (World Anti-Doping Agency) Policy and List of Banned Substances, as it may mean you could be prevented from competing. You may be required to undertake in or out of competition anti-doping drug testing. Personal medical information should be provided where a condition could potentially jeopardize your or others health and safety. Non-disclosure of consumption of banned substances will result in disqualification from representing New Zealand in this and future international competitions. Some countries do not have everyday medical items so essential supplies must be bought ahead of traveling. Note current medical condition/s i.e. Asthma, Epilepsy, High Blood Pressure etc.

Medical Condition/s and Medication:.....
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Dietary Requirements:
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DECLARATION

I,

If selected to represent the New Zealand Kung-Fu Wushu Federation (NZKWF), agree to/that:

- Join and/or maintain my membership to the Federation.
- Attend any team selection trials at my own cost and pay any fees for NZKWF Development Squad activities, including any professional coaching fees.
- Develop and maintain a personal training programme as agreed by the NZKWF Head Coach.
- Build and maintain my level of fitness in accordance with cardiovascular and other requirements of the NZKWF Head Coach.
- Obtain and pay for a Health/Fitness Certificate / ECG / EEG as required for the event.
- Take full responsibility for organising my leave and for the booking and payment of my international airfares, visa/s, airport taxes, travel/medical/personal insurance, vaccinations, accommodation, food, transportation etc associated with the event.
- Purchase the NZKWF regulation team uniform, badge and other items.
- Advise of any legal or criminal reasons that might prevent travel to the country of any event where a NZKWF team is being sent.
- Maintain weight within the required weight bands until the drawing of lots (Sanda).
- Agree that any fight is subject to the event organisers being able to match an opponent in your weight category, and the opponent's availability on the day of the event.
- NZKWF cannot be held liable for postponement or cancellation of an event or fight.
- Sign a Waiver of Liabilities/Indemnity Form as required by the event organisers.
- If under 18 years of age, obtain a parent or guardian's signature on the Waiver of Liabilities form and on this Declaration.
- Adhere to the NZKWF Rules and Regulations; Code of Conduct/Member Protection Policy; Anti-Doping Policy.
- The NZKWF's decision about selection is final.

Applicant to sign in all cases

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|------------------------------------------------|
| SIGNED: DATE..... Signed by applicant |
|------------------------------------------------|

Parent or Legal Guardian to complete below if applicant under 18 yrs of age

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|--------------------------------------------------------------------------------------------------------|
| SIGNED: DATE..... Parent or Legal Guardian to sign if applicant is under the age of 18 years. |
| NAME:..... PHONE:..... Parent or Legal Guardian's full name and contact number (PLEASE PRINT) |