

YUN HAP TAEKWONDO & SELF DEFENCE

MEMBERSHIP FORM - 2019

Application to be a STUDENT member (participant) of Yun Hap Taekwondo Club Inc until 31/12

NAME _____ DATE OF BIRTH / /

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NAME _____ DATE OF BIRTH / /

ADDRESS _____

EMAIL _____

MOBILE #1 _____ (name) _____

MOBILE #2 _____ (name) _____

In case of an emergency, we should contact (provide relationship, name and mobile number)

Is there any medical condition that may affect training or emergency treatment?

If yes, details _____

If medical conditions change it is the student/parent responsibility to advise the instructor prior to further participation.

I/we, as members (or guardian for a member), agree to:

- abide by rules and regulations of the club and reasonable policies and instruction of my instructor
- accept that there is risk of injury, damage or loss which may be incurred during training or participation in activities with the club and that I/we shall make no claim against the club, instructor or others connected with the club in regard to injury, damage or loss that may occur
- pay training fees in advance or as arranged with the instructor
- photographs being taken, including my/my child's image, and used for promotional purposes for the club (unless otherwise advised to the instructor)
- **acknowledge that taekwondo (and hapkido) is a full contact combat activity (at times) and there are inherent risks in participation** (discuss with instructor if you have concerns)
- the terms of the participation insurance provided with club membership

I/we are Aboriginal/Torres Strait Islander
 Non-English Speaking Background
 living with disability - please discuss with instructor
 holder of a Health Care Card (and might be eligible for a child participation voucher)
 a member of a Zillmere PCYC and taking part in Taekwondo there

I am over 18 and entitled to sign on behalf of the applicant/s mentioned above. We choose to take part in taekwondo, understanding what that means. The information herein is correct at the time of signing and I agree to advise the instructor if any details herein change.

NAME _____ SIGNATURE _____ DATE / /