



## MEMBERSHIP FORM

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

NAME \_\_\_\_\_ DATE OF BIRTH / / Mobile \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH / / Mobile \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH / / Mobile \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH / / Mobile \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

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

\_\_\_\_\_

If there any medical condition that may affect training or emergency treatment it is the participant's / guardian's responsibility to advise details to instructor. If medical conditions change it is the student/parent responsibility to advise the instructor prior to further participation.

I/we, as member/s /guardian, agree to:

- abide by rules and regulations of the club and reasonable policies and directions 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 and used for promotional purposes for the club (unless otherwise advised to the instructor);
- **acknowledge that taekwondo is a contact combat activity (at times) and there are inherent risks in participation** (*discuss with instructor if you have concerns*); and
- the terms of the participation insurance provided with club membership.

I/we are  Aboriginal/Torres Strait Islander  
 Non-English Speaking Background - language \_\_\_\_\_  
 living with disability / have Health Care card - please discuss with instructor (re voucher/NDIS options)

I am over 18 and entitled to sign on behalf of the applicant/s mentioned above and I/we choose to take part in taekwondo, including any official club activities that may not be 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 / /

We choose to pay training fees -  casually  by school term  annually

**Membership fees** are paid annually (includes registration / insurance through Australian Taekwondo Limited and State membership with Australian Taekwondo Queensland) - discount available if joining after August grading.