

HEDLAND TAEKWONDO CLUB INC.

JD Hardie Centre, Cottier Drive, South Hedland



STUDENTS CONTACT DETAILS

First Names:.....Surname:.....

Date of Birth:..... Nationality:.....

Address:.....

State:.....Post Code:.....

Telephone:.....Mobile:.....

PARENT/GUARDIAN EMERGENCY CONTACT DETAILS

First Names:.....Surname:.....

Address:.....

State:.....Post Code.....Relationship:.....

Telephone:.....Mobile:.....

Email:.....

I give permission for photos and or video to be taken for publication purposes Yes/No

In the case of medical emergency, you authorize the seeking of medical assistance on your behalf. By saying "YES" and signing this form you acknowledge that you will be responsible for all associated costs Yes/No

Do you suffer from any medical conditions? Please specify below:

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I hereby submit this application and agree to the following:

- That I shall abide by all the rules and regulations of the Australian Taekwondo Academy,
- The Instructor has the right to withhold tuition from me if I violate the rules of conduct,
- I shall hold myself responsible for any injury that I may sustain during training,
- I agree not to misuse the knowledge gained through taekwondo training,
- There shall be no refund of my membership fee or any training fee paid in advance

I further certify that the above particulars are correct:

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Applicant's signature (parents to sight if under 18 years) Date: _____

Club Membership No:PH..... Taekwondo Australia Number:.....