



Sydney Academy of Taekwondo

2010

Senior Player Registration form

Student Information

Family name: _____ First name: _____

Address: _____ Suburb: _____

Post Code: _____ Email: _____

Date of birth: ____/____/____ age as at 31/12/10: _____ Phones: Hm. _____
Mb. _____

If student what school do you attend: _____

Class day/s please circle — Mon Tues Wed Thurs Fri Sat

Do you suffer or have suffered, from any physical, disabilities/challenges/conditions, which could affect your training.
N / Y. If yes give details including all medications.

Martial arts experience: No /Yes –please give details _____

Disclaimer Agreement

I have read and understand the information for enrolment, terms and conditions of this application form for registration I agree that the information contained in this application form is to the best of my knowledge, true and I understand that my application for membership will only be accepted on the basis of this information.

I am fully aware that Taekwondo is a form of martial art, which involves vigorous training, including body contact training/instruction. I further acknowledge that any instruction, or training, undertaken by me at any meeting of the Sydney Academy of Taekwondo will be carried out entirely at my own risk. I release and forever discharge and will indemnify and keep indemnified the Sydney Academy of Taekwondo, its committees, trustees, servants, instructors or students against all action, suits, demands, claims, costs, and expenses of every condition whatsoever including injury, loss or damage and hereby undertake to make all payments which may be required of Sydney Academy of Taekwondo, its committee, trustees, servants, instructors or students on behalf of the player.

I hereby accept these conditions and seek to be admitted for further instruction with the Sydney Academy of Taekwondo and uphold the dignity of the training hall and training objectives of the Sydney Academy of Taekwondo.

Name of Applicant: _____ Date: ____/____/____

Name: _____ Sign : _____
(if applicant is <18yrs parent/guardians name & signature.)

Payment method

Cheque

Cash

Direct transfer. Bank. ANZ. Sydney Academy of Taekwondo bsb 012403 a/c 499465084

Visa/Mastercard. ____/____/____/____ expiry date: ____/____

Name on card: _____

Registration Fee: \$120.00 Training fees: 10 class \$150.00 / 20 class \$250.00 Total \$ _____

Payment and registration must be completed and received before commencement of training

Office Use:
Training centre _____ Date: ____/____/____ Uniform size: _____