



AUTHENTIC TAEKWON-DO



Student Membership Application

Club Name:

Junior: Senior:

New: Renewal:

Title Surname:

First Name:

Date of Birth:

Telephone No.:

Emergency Contact No.:

Address:

Post Code:

Email Address:

Medical History

Have you now, or in the past, experienced any of the following (please tick):

Have you ever trained in martial arts?

Yes : No:

If Yes, please give details, including association, grade and instructor:

Have you ever been convicted or charged with a crime of violence?

Yes : No:

If Yes, please give brief details including date:

- | | |
|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Detached retina | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Respiratory disorder | <input type="checkbox"/> Other |

If other, please give details:

If you have answered yes to any of the above, please speak to the instructor before enrolling

Declaration

I declare that the information that I have provided is true and correct, and understand that it is my responsibility to keep the Instructor informed of any change . I will abide by the policies and procedures laid down by Authentic Taekwon-Do and accept that the practice of any martial art/combat sport involves the risk of injury.

Signed:

Date: / /

This form to be signed by the applicant or parent/guardian if under 18 years of age

Office use only

Membership No.:

Approval:

Signed:

Validation