

(Instructor Use Only)

<input type="checkbox"/>	Taekwondo	<input type="checkbox"/>	New Enrolment
<input type="checkbox"/>	Kids Taekwondo	<input type="checkbox"/>	Returning member
<input type="checkbox"/>	Hapkido	<input type="checkbox"/>	Transfer from Kids to WTKD
<input type="checkbox"/>		<input type="checkbox"/>	Transfer Training Centre

Training Centre

(Office Use Only)

ID #:

APPLICANT INFORMATION

How did you find out about us?

First Name

Surname

Date of birth:

Gender: Male

Female

Age

Address

Suburb

Postcode

Phone number

If child – parent phone

Email

If child – parent email

Previous martial arts experience

Style of martial art

Length of training

Name of club

Rank achieved

Reason for stopping

How long since you last trained

MEDICAL INFORMATION

Certain medical conditions or previous injuries may influence your ability to participate in Training. Examples of these include but are not limited to: Asthma, Diabetes, Epilepsy, Spinal Injuries, Arthritis, Previous Injuries, Heart Condition, Allergies etc...

If you have any medical concerns, please seek medical clearance from your GP prior to participating.

Please provide details of any medical conditions

On payment of my membership fee, I acknowledge that it is a condition of my membership of World Taekwondo/Oriental Sports Academy that I am required to comply with all rules, procedures and policies of the Academy and I agree to do so fully understanding that my failure to do so may result in my membership being discontinued.

A copy of all our Policies can be found on our website. www.worldtaekwondo.com.au

We collect different types of personal information depending on the nature of our engagement with you. The primary purpose of collecting your personal information is to service you as a member; this includes communicating event and service information that directly relates to your membership with us.

Signature

Date

If under 18 Parent/Guardian must sign

Parent Full Name