

MUIR'S TAEKWONDO CENTRE



Gold Coast Branches

0418 952 351
muirstkd.com



2012 Membership Application

\$30 per student

I, the undersigned applicant, hereby apply to be instructed in the martial art of Taekwondo by Muir's Centre (which expression shall whenever the context so admits be deemed to include its successors and assigns). If my application is accepted then in consideration of Muir's Taekwondo Centre agreeing to give or giving me instruction and/or accepting or agreeing to accept payment for instruction I hereby agree and undertake that:-

- (a) I will not use the martial art of Taekwondo in an abusive manner, nor will I teach the martial art of Taekwondo outside the precincts of Muir's Taekwondo Centre,
- (b) I am aware that there are inherent risks associated with Taekwondo activities which may result in personal injury to participants; I fully accept and agree to bear the risks,
- (c) I consent personally and for my heirs administrators and executors not to hold Muir's Taekwondo Centre responsible for, nor take or make any action, suit, claim, demand cost or expense of any description whatsoever including for injury, loss or damage whether past, present or future against Muir's Taekwondo Centre, its servants, agents, instructors, students, shareholders or directors and hereby release and forever discharge and agree to indemnify and keep indemnified Muir's Taekwondo Centre, its servants, agents, instructors, students or directors against the same,
- (d) I will obey and abide by all rules, regulations, orders and/or decisions of Muir's Taekwondo servants, agents and/or instructors,
- (e) The following, personal particulars, which I understand are fundamental to this application, I have supplied are true and correct.

Name: _____

Address: _____

Date of Birth: ____/____/____ Male Female

Home Phone: _____ Work Phone: _____

E-mail: _____

Signature: _____ Date: ____/____/____

Parent or guardian of applicant to sign if under the age of 18 years:

Name: _____ Parent Guardian

Signature: _____ Date: ____/____/____

* *Please complete the health form over the page ...*

Applicant's Name: _____ **Date of Birth:** ____/____/____

Emergency Contact(s):

1. Name: _____ Daytime Phone: _____

Relationship to applicant: _____

2. Name: _____ Daytime Phone: _____

Relationship to applicant: _____

Family doctor: _____

Contact details: _____

Health and medical statement:

Please describe any ongoing illnesses or conditions from which the applicant suffers: _____

Please describe any medication the applicant currently takes: _____

Please describe any injury the applicant may have at the time of signing this form: _____

Please describe any activity in which the applicant should not participate: _____

Please describe any special custody arrangements which may be relevant: _____

Thank you for completing this form. The information here will be used to help Muir's Taekwondo instruct you or your child in a safe and healthy environment. This information will not be disclosed to any outside persons or bodies.

Signature: _____ Date: ____/____/____

Taekwondo Australia Limited



2012 REGISTRATION FORM

(Please Print Clearly)

Member Surname: First Name/s:

Date of Birth: / / Age: Gender: M F (Please circle)

Address:

Suburb: State: Postcode:

Contact Details: Home (.....) Work (.....)

Mobile

Email:@.....

Rank: Coloured Belt Gup Black Belt Poom / Dan

Name of Head Instructor:

Name of your Club Instructor:

Name of your Club:

Please Select Club Registration

Minor (10 years and under)

Junior (11-16 years)

Senior (17 years plus – includes Income Protection)

(These ages apply at time of application)

Sport Registration

PASSPORT SIZE PHOTO MUST BE SUPPLIED

Transfer from Club Registration to Sport Registration

Please tick if relevant - Aboriginal

Torres Strait Islander

Note: Student accident insurance is not intended to replace medical/hospital benefit insurance. It is recommended that you have private health insurance in addition to the participation insurance. Please make sure that all the above information is supplied and is correct.

**RETURN THIS FORM TOGETHER WITH CORRECT FEE
TO YOUR HEAD INSTRUCTOR**



CONSENT FORM
PHOTOGRAPHIC/VIDEO/AUDIO COMMUNICATIONS RELEASE

What is this consent form for:

The consent form, once signed by the student or the student's parent or guardian, authorizes Muir's Taekwondo to use any photograph, video footage or sound recording of the student in Muir's Taekwondo publications or media as outlined below.

What happens to the consent form once it is filled out and signed:

The consent form will be placed on the student's file and retained by Muir's Taekwondo.

1. Student Details (compulsory)

Student's Name: _____

Date of Birth: _____

2. Photographic/video/communication release – Authorisation for Current Practice

Muir's Taekwondo seeks to recognise and affirm students who have reached goals or who have achieved success in the taekwondo field. We currently do this through:

- The monthly newsletter (currently produced in hard copy and published monthly. This newsletter will also be available via the Muir's Taekwondo website)
- Video recordings of tournaments, grading and training within the taekwondo community
- Photographs for the Muir's Taekwondo Website

I/We authorize Muir's Taekwondo to take and use photographs, video or sound recordings of the above named student and any other reproductions or adaptations of the students likeness ("the material"), either in full or part, in conjunction with any wording or drawings, for use in any Muir's Taekwondo publication and website.

I/We recognize that I/We do not retain any rights in the material.

Signature of Student (if over 18 years): _____

Full Name of Student: _____

Parent/Guardian Signature: _____

Parent/Guardian Full Name: _____

Please sign here to acknowledge that you agree with the above current practice. Unless notified, this practice will continue and will relate to material produced during the period of you or your child's enrolment.

3. Photographic/video/audio/communication release – Authorisation for Additional Purposes

From time to time, Muir's Taekwondo needs to develop publicity material (including the club's internet site) to advertise the club to prospective members. In addition, newspapers or television stations approach us to photograph and or video record students in order to recognize achievements or advertise coming events. In this case we refer to positive publicity.

We seek you and your child's permission to photograph and/or video you or your child for the above purposes.

I/We authorize Muir's Taekwondo to take actions indicated above. I acknowledge that this authorization remains current until such time as I withdraw it in writing to the Head Instructor.

I/We Agree

I/We Disagree

Signature of Student (if over 18 years): _____

Full Name of Student: _____

Parent/Guardian Signature: _____

Parent/Guardian Full Name: _____

Please sign here to acknowledge that you agree with the above current practice. Unless notified, this practice will continue and will relate to material produced during the period of you or your child's enrolment.