



Membership Form

I, the membership applicant, hereby apply for membership / annual renewal and agree to abide by the & rules as set out by the organisation known as "Institute of Modern Tae Kwon Do Pty Ltd" (IMTKD).

SURNAME: _____ GIVEN / CHRISTIAN NAMES: _____
 ADDRESS: _____ POSTCODE: _____
 TELEPHONE (H): _____ (M1): _____ (M2): _____
 METRES 1: _____
 METRES 2: _____
 DATE OF BIRTH: _____ REASON FOR JOINING: _____
 SOURCE OF INTRO: _____
 PREVIOUS EXPERIENCE: _____
 PHYSICAL LIMITATIONS \ ALLEGIES \ LEARNING CHALLENGES: _____
 OTHER COMMENTS: _____

8 CLUB RULES: Without prejudice

I agree the information provided in this application is true and correct. I understand Tae Kwon Do is a sport, which may be associated with some bodily contact between me and other members of IMTKD. I agree and accept it is a condition of my acceptance into IMTKD to release and forever discharge IMTKD, its committee and the members thereof, its instructors, volunteers and other members from any responsibility or liability for and against any actions, suits, demands or claims in negligence relating to any injury, damage or loss which I may incur or sustain during and as a result of my participation in these activities.

I understand training updates or general emails from IMTKD maybe sent to the email address I have recorded on this application.

Student signature: _____ Date: _____ My normal training club will be: _____

If membership applicant is under 18 years of age a parent or legal guardian must complete this section of the form:

I am the parent/legal guardian for the applicant on this form. I have read the information and confirmed the information recorded on the form is correct. I have read and understand the club rules and agree to them.

Parent/Guardian name: _____ Signature: _____ Date: _____

Club instructor to complete prior to submitting to Chief Instructor/IMTKD administration:

Date application received: ___/___/___ Amount Paid: \$ _____ Home Club: _____

IMTKD Administration to complete:

Date received: ___/___/___ Date processed: ___/___/___ Membership number: _____

Information recorded in database: _____ Amount received: \$ _____

