

Application for Membership

SURNAME (Family Name): _____

GIVEN NAME/S: _____

Date of Birth: / / **AGE:**
 day month year

ADDRESS: _____

HOME PHONE: **WORK** **MOBILE:** _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

NEXT OF KIN CONTACT NAME: _____

N.O.K. ADDRESS: _____ **PHONE:** _____

DO YOU HOLD A GRADING IN ANY OTHER MARTIAL ART, IF SO, WHAT? _____

DO YOU HAVE ANY OF THE FOLLOWING MEDICAL/PHYSICAL CONDITIONS? If you answer "yes" to any of these, a medical certificate is required from your doctor prior to commencement of training (please circle):

Asthma Attacks	YES/NO	Pregnancy	YES/NO
Diabetes	YES/NO	Epilepsy	YES/NO
Blood Pressure Problems	YES/NO	Any Heart Condition	YES/NO
Dizzy Spells or Black Outs	YES/NO	Stroke	YES/NO

Do you suffer from any other medical problem or serious illness that may be affected by physical activity? If so, please state what:

For emergency purposes, do you require any special medication for any of the stated conditions? If so, what and where can it be found? (eg: in bag, pendant, bracelet)

I the undersigned applicant hereby apply to be instructed in the art of Hapkido by Melbourne Hapkido Academy (ABN: 45277353105). If accepted I hereby agree to:

- 1. Obey and abide by all the rules and regulations of Melbourne Hapkido Academy.**
- 2. Covenant personally and for my heirs, administrators and executors not to hold Melbourne Hapkido Academy responsible for nor take any action, suit, claim, demand, cost or expense of any description whatsoever including for injury, loss or damage whether past present or future against Melbourne Hapkido Academy, its servants, agents, instructors or directors.**

I acknowledge the warning provided by Melbourne Hapkido Academy that martial art training is hazardous in nature and that there is a risk of physical injury. Having regard to this warning I agree that I participate in said training at my own risk.

Melbourne Hapkido Academy occasionally sends out email newsletters as well SMS's to make announcements. Your details will not be forwarded to any other third party.

I agree to have my email address above added to the Melbourne Hapkido Academy mailing list (tick) YES NO

I agree to have my mobile number listed to received occasional SMS messages from Melbourne Hapkido Academy YES NO

Applicant Signature: _____ **Date:** _____

Parent Signature if under 18 years: _____ **Date:** _____

Witnessed by Instructor: _____ **Name:** _____