

Application Form



* Please write in capital letters

First Name: Surname:

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

Address: Postcode:

Phone: (H) (W) (M)

E-mail :

Occupation: Student at:

Emergency Contact: Phone:

* Do you exercise regularly? Yes No

If 'YES' what type of exercise and how often?

* Medical Conditions

Are there any medical or other conditions that may limit your ability to participate in any of the activities.

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I acknowledge that I have agreed to undertake a Martial Art/Fitness Program of my own accord. I agree to indemnify HONG'sTKD , its officers, instructors, servants and each of them from and against any claims or demands for damages, personal injury or illness sustained by me/my son/my daughter while participating in any martial art or fitness activity.

All information contained in this questionnaire will be kept in strict confidence and will not be released or revealed to any person without your consent.

HONG'S TKD reserve the right to remove any person from the premises who behave in a manner which constitutes a nuisance to other members or holds the centre in disrepute.

If you are under the age of eighteen years please obtain your parents or guardian's permission to attend this centre by signing the space provided below.

Signature of client (guardian if under 18yrs): Date:/...../.....

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