



LOW TAEKWON – DO ACADEMY

ANNUAL MEMBERSHIP APPLICATION / RENEWAL FORM



New Member _____ Renewal _____ Membership # _____

Annual Membership Fee: Individual \$ _____ Family (3 or more) \$ _____

Training Location: _____ Male/Female (M/F): _____

Surname: _____ Name(s): _____

DOB: ____/____/____ Age: _____

Address: _____ Suburb: _____ City: _____

State: _____ Postcode: _____ Phone: _____ Nationality: _____

Occupation: _____

Previous exposure to martial arts? N/Y (specify art, where learned and level attained)

State reasons for wanting to learn Taekwon-Do. (Be precise as this may affect your admission into the academy.):

Where did you hear about the Low Taekwon-Do Academy?

MEDICAL DECLARATION AND IMPORTANT NOTES

DO YOU HAVE ANY PHYSICAL DISABILITY OR PRE-EXISTING CONDITION? N/Y _____
(If yes, please specify condition and submit a medical report from your doctor, stating his/her approval for you to commence training.)

I certify that the particulars on this form are correct and hereby agree to abide by the rules and regulations as follows:

1. The rules of conduct as laid down by the Low TaeKwon-Do Academy.
2. The Instructor retains the right to suspend or terminate my membership with the Academy if I violate the rules of conduct.
3. I understand and agree that the Low TaeKwon-Do Academy and its instructors are qualified to teach in accordance with the rules and regulations of the International TaeKwon-Do Federation (ITF). Non-contact training is encouraged wherever possible and compliance with the Tenets of TaeKwon-Do is required at ALL times. In the event of loss, damage or injury being sustained during training, neither Low TaeKwon-Do Academy and/or its instructors, or any of its members, shall be held responsible for such loss, damage or injury.
4. I agree to pay the annual membership fee to Low TaeKwon-Do Academy in order to retain my membership.
5. I agree to pay all grading fees and/or tuition fees to Low TaeKwon-Do Academy as specified.

(Signature of Applicant or the Parent/Legal Guardian of under-18 applicant.)

Date: ____/____/____

OFFICE USE ONLY

Application Accepted / Rejected

Date of Acceptance ____/____/____ Instructor in Charge _____

Membership Number _____ Chief Instructor _____