

**RHEE TAEKWONDO
MEMBERSHIP APPLICATION FORM**

To the Instructors of Rhee Taekwondo:

I wish to make application to Membership to study the Art or **Rhee Taekwondo** (being an organisation and style of martial art). I do hereby agree to loyally abide by the rules of **Rhee Taekwondo** and to follow the instructions of the branch instructor who has been officially appointed by the **Rhee Taekwondo** organisation.

Full Name of Applicant

(Block Letters) (Surname) (First Name) (Middle Name)

Residential Address (in full) _____ Suburb _____ Postcode _____

State _____ Tel(H) (____) _____ Tel(W) (____) _____ Mobile _____

Email _____ Age _____

Nationality _____ Occupation _____ Marital Status _____ Date of Birth _____

Parent/ Guardian (tick as applicable) details (to be completed if Applicant is under 18):

Full Name _____			
(Block Letters)	(Surname)	(First Name)	(Middle Name)
Residential Address (in full) _____ Suburb _____ Postcode _____			
State	Tel (H) (____)	Tel (W) (____)	Mobile _____ Date of Birth _____
Email _____			

Medical History. Do you have or have ever had (tick the box if YES):

- | | | | | | |
|---------------------------------------------------------------|-----------------------------------------------------|----------------------------------------|------------------------------------|------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Stroke | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Back Pain | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Heart Murmur or irregular heart beat | <input type="checkbox"/> Mental or nervous disorder | <input type="checkbox"/> Concussion | | | |

Do you have any other illnesses or injuries, which should be disclosed to **Rhee Taekwondo** in the interests of your health and safety? If you have ticked yes, to any of the above please provide details _____

If you have any pre-existing conditions or any concerns about participating, **Rhee Taekwondo** encourages you to seek medical clearance from your doctor prior to participating in **Rhee Taekwondo**.

I and in the case of a minor the Parent or Guardian acknowledge and agree to participate in **Rhee Taekwondo** at my own risk and that I will not hold **Rhee Taekwondo**, its participants, instructors, contractors, members, servants and agents responsible in any way for any personal injury that may occur during my instruction, practice, demonstration or training in **Rhee Taekwondo**. I also acknowledge should I deem it necessary, in relation to personal accident/injury insurance, I hereby agree to obtain my own insurance cover/policy whilst participating in **Rhee Taekwondo**.

I also agree to abide by the **Rhee Taekwondo** pledge and to never misuse the Art of **Rhee Taekwondo** in any way. I also understand that **Rhee Taekwondo** has reserved the right to refuse or disqualify my membership at any time if I am not obedient of the rules of the school or the instructions of my Instructor.

I AND IN THE CASE OF A MINOR THE PARENT OR GUARDIAN HEREBY CERTIFY THAT:

- I have read and understand the terms and conditions of membership;
- that the above particulars are true and correct; and
- I have made full disclosure concerning any and all illnesses and injuries.

Applicant Signature _____ Date ____/____/____

Parent/Guardian Signature (required if Applicant is under 18 years of age) _____ Date ____/____/____

Application Approved/Refused Membership No _____ Date of First joining ____/____/____

Branch name _____

Branch Instructor Name & Signature _____

RHEE TAEKWONDO

The Art of Self-Defence TERMS AND CONDITIONS

Please
Initial

Please note: for Applicants who are minors (under 18 years of age), a parent or guardian is required to read, initial and countersign this application.

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I, the Applicant and in the case of a minor the Parent or Guardian, agree to be bound by the following terms and conditions on which I will study the Art of Rhee Taekwondo:

Injury waiver:

The Applicant warrants that s/he is in good health and that s/he has not suffered, is suffering or receiving treatment for any disorder, disability, illness or injury which may make it unsafe for the Applicant to participate in **Rhee Taekwondo**. All current and pre-existing medical conditions of the Applicant have been disclosed to **Rhee Taekwondo**.

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The Applicant and in the case of a minor the Parent or Guardian, is AWARE THAT **RHEE TAEKWONDO** is a recreational activity (to which Division 4 of the *Civil Liability Act 2003* applies) and that s/he participates in activities and training in relation to **Rhee Taekwondo** entirely at his/her own risk on the basis that such activities are ENTIRELY VOLUNTARY and s/he will elect not to participate in any activity which s/he feels is beyond his/her capabilities.

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The Applicant and in the case of a minor the Parent or Guardian, releases and agrees to hold **Rhee Taekwondo**, its participants, instructors, contractors, members, servants and agents harmless from any and all liability including personal injury of any kind whatsoever arising from or in connection with participation in **Rhee Taekwondo** howsoever caused and whether due to any negligent act, breach of duty, default and or omission of **Rhee Taekwondo**, its participants, instructors, contractors, members, servants and agents.

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The Applicant and in the case of a minor the Parent or Guardian, agrees to keep **Rhee Taekwondo**, its participants, instructors, contractors, members, servants and agents indemnified against all or any losses, damages, claims, actions and suits (proceedings) for which they may become liable arising out of or in connection with the Applicants membership and/or participation in **Rhee Taekwondo**, including proceedings brought on behalf of a child by a parent or guardian. Any treatment for injuries sustained will be of first aid type only and upon the understanding that the provider may not be a trained provider of medical treatment.

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Disclaimer:

It is agreed that **Rhee Taekwondo** has no responsibility or liability (including through negligence, error of judgment, act of god and all conditions) for claims, expenses, losses, damages and costs, the Applicant might incur or suffer as a result of participation in lessons, using the Art (whether within or outside of *dojang* (place where **Rhee Taekwondo** is taught and studied) or at grading examinations or arising from involvement in **Rhee Taekwondo** in anyway.

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Acknowledgement:

I and in the case of a minor the Parent or Guardian, do hereby acknowledge that:

- prior to and in consideration of membership, I have read and understand the above and accept the terms and conditions contained herein;
- on the basis that I have, of my own free will and desire, contracted with **Rhee Taekwondo**, its principles, instructors, contractors, members, servants and agents; and
- the branch instructor as specified herein is duly authorised to contract on behalf of Rhee Taekwondo.

Agreed and accepted:

_____/_____/_____
(Name & Signature of Applicant) (Name & Signature of Parent/Guardian) (Date)

_____/_____/_____
(Name & Signature of Branch Instructor) (Branch) (Date)

How did you hear about us? _____