



2021 Membership

I am paying for the following memberships (please tick) -

- New Membership: \$95/student
- Renewal of Membership \$90/student
- WT Global Athletes Licence (black belts only): additional \$50/student
- Tournament Coach's Fee: additional \$50/student

I am wanting to sign up for the following training package (please tick) –

- Traditional \$35/fortnight
- Sports \$45/fortnight
- Platinum \$55/fortnight

For new members all the above fees will be deducted via Direct Debit. You will receive a sms from Payleadr.com to confirm fees and to add bank or credit card details

For renewals, please pay by EFTPOS at the centre or by direct deposit into the following bank account - Darryl Green, BSB: 084-004 Account: 957448370

Student Information:-

First Name: _____ Surname: _____

Street Address: _____

_____ Post Code: _____

Date of Birth: ____ / ____ / ____ Male Female

Height (cms): _____

Home Phone: _____ Mobile: _____

Email: _____

Guardian Contacts:-

1. Name: _____

Relationship to student: _____ Phone: _____

Email: _____

2. Name: _____

Relationship to student: _____ Phone: _____

Email: _____

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Health Information of Student:-

Do you have any ongoing illnesses or conditions? Yes No

If yes, please describe _____

Do you take any medication? Yes No

If yes, please list _____

Is there any activity in which you should not participate? Yes No

If yes, please list _____

Custody Arrangements:-

Is there any custody arrangements that our Edge Taekwondo instructors should be aware of? Yes No

If yes, please list _____

I, the undersigned applicant, hereby apply to be instructed in the martial art of Taekwondo by Edge Taekwondo (which expression shall whenever the context so admits be deemed to include its successors and assigns). If my application is accepted then in consideration of Edge Taekwondo agreeing to give or giving me instruction and/or accepting or agreeing to accept payment for instruction I hereby agree and undertake that:-

- (a) I will not use the martial art of Taekwondo in an abusive manner, nor will I teach the martial art of Taekwondo outside the precincts of the Edge Taekwondo centres,
- (b) I am aware that there are inherent risks associated with Taekwondo activities which may result in personal injury to participants; I fully accept and agree to bear the risks,
- (c) I consent personally and for my heirs administrators and executors not to hold Edge Taekwondo responsible for, nor take or make any action, suit, claim, demand cost or expense of any description whatsoever including for injury, loss or damage whether past, present or future against Edge Taekwondo, its servants, agents, instructors, students, shareholders or directors and hereby release and forever discharge and agree to indemnify and keep indemnified Edge Taekwondo, its servants, agents, instructors, students or directors against the same,
- (d) I will obey and abide by all rules, regulations, orders and/or decisions of Edge Taekwondo servants, agents and/or instructors,
- (e) The following, personal particulars, which I understand are fundamental to this application, I have supplied are true and correct.

Note: Student accident insurance is not intended to replace medical/hospital benefit insurance. It is recommended that you have private health insurance in addition to the participation insurance. Please make sure that all the above information is supplied and is correct.

Student Signature: _____ Date: ____ / ____ / ____

Parent or Guardian (if student is under 18 years of age):

Signature: _____ Date: ____ / ____ / ____

CONSENT FORM
PHOTOGRAPHIC/VIDEO/AUDIO COMMUNICATIONS RELEASE

What is this consent form for:

The consent form, once signed by the student or the student’s parent or guardian, authorizes Edge Taekwondo to use any photograph, video footage or sound recording of the student in Edge Taekwondo publications or media as outlined below.

What happens to the consent form once it is filled out and signed:

The consent form will be placed on the student’s file and retained by Edge Taekwondo.

1. Student Details (compulsory)

Student’s Name: _____

Date of Birth: _____

2. Photographic/video/communication release – Authorisation for Current Practice

Edge Taekwondo seeks to recognize and affirm students who have reached goals or who have achieved success in the taekwondo field. We currently do this through:

- The monthly newsletter (currently produced in hard copy and published monthly. This newsletter will also be available via the Edge Taekwondo website)
- Video recordings of tournaments, grading and training within the taekwondo community
- Photographs for the Edge Taekwondo website

I/We authorize Edge Taekwondo to take and use photographs, video or sound recordings of the above named student and any other reproductions or adaptations of the student’s likeness (“the material”), either in full or part, in conjunction with any wording or drawings, for use in any Edge Taekwondo publication and website.

I/We recognize that I/We do not retain any rights in the material.

Signature of Student (if over 18 years): _____

Full Name of Student: _____

Parent/Guardian Signature: _____

Parent/Guardian Full Name: _____

Please sign here to acknowledge that you agree with the above current practice. Unless notified, this practice will continue and will relate to material produced during the period of you or your child’s enrolment.

3. Photographic/video/audio/communication release – Authorisation for Additional Purposes

From time to time, Edge Taekwondo needs to develop publicity material (including the club’s internet site) to advertise the club to prospective members. In addition, newspapers or television stations approach us to photograph and or video record students in order to recognize achievements or advertise coming events. In this case we refer to positive publicity.

We seek you and your child’s permission to photograph and/or video you or your child for the above purposes.

I/We authorize Edge Taekwondo to take actions indicated above. I acknowledge that this authorization remains current until such time as I withdraw it in writing to the Head Instructor.

I/We Agree

I/We Disagree

Signature of Student (if over 18 years): _____

Full Name of Student: _____

Parent/Guardian Signature: _____

Parent/Guardian Full Name: _____

Please sign here to acknowledge that you agree with the above current practice. Unless notified, this practice will continue and will relate to material produced during the period of you or your child’s enrolment.