

TAM TAEKWON-DO MUDOKWAN

Tam Fook Chee 9th Dan International Instructor / Examiner No. 683 NCAS Accredited

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TRIAL LESSON DECLARATION AND WAIVER

Name: _____ Date of birth: _____ Address: _____

_____ Telephone No.: _____

I, _____ do hereby make application for a trial lesson from Tam Taekwon-Do

Mudokwan at _____ Branch.

Declaration and Waiver

I, the undersigned, in consideration of, and as a condition of acceptance of my trial lesson at Tam Taekwon-Do Mudokwan, for myself, my heirs, executors and administrators hereby waive all and any claims, rights or cause of action which I or they may otherwise have, for arising out of loss of my life or injury, damage or loss of any description whatsoever, which I might suffer or sustain in the course of or consequence upon my training, grading or participation in any of Tam Taekwon-Do Mudokwan's activities.

Signature _____ Date _____

If under 18 years old your parent / guardian's consent and signature is required.

I, Mr. / Mrs. _____ being parent / guardian of _____ whose particulars are correctly given in this form, do hereby grant permission for him / her for trial lesson at Tam Taekwon-Do Mudokwan. I have thoroughly explained the above terms, rules & regulations to the applicant.

Signature _____ Date _____

If accepted I agree:

- To abide by the rules and regulations of Tam Taekwon-Do Mudokwan.
- With privileges and under obligations, with intent to learn, practise, and promote Taekwon-Do to the best of my ability and for the best interest of Tam Taekwon-Do Mudokwan.
- To hold myself responsible for any injury sustained while participating in the Tam Taekwon-Do Mudokwan's activities.
- To respect the Instructors and Seniors.
- Not to misuse Taekwon-Do.
- And promise to train my heart and body in a true Mudoin (martial artist) way.
- And understand that if a member breaks the code of ethics and or Tam Taekwon-Do Mudokwan's regulations will be subjected to suspension or expulsion without membership fees refunded.

1st Trial \$15 2nd Trial \$25 Trial fee will be credited to training fee upon enrolment

Application Accepted Application Not Accepted

Chief Instructor's Signature _____ Note

Medical Condition

Medication

Others