# Registration Form

Member Surname: ……………………………………………………………………………………………………………………..

First Name: …………………………………………………………………………………………………………………………………

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

Street Address: …………………………………………………………………………………………………………………………..

Suburb: ………………………………………………………… State: ………………. Postcode: …………………………..

Parent(s)/Legal Guardian(s) Name(s): ………………………………………………………………………………………..

Contact Details: Home (……….) …………………………….. Work (………) ……………………………………………..

Mobile ………………………………………………………………

Email ………………………………………………………………………………………………………………………………………..

Any medical conditions: Yes / No (Please Circle)

If yes, please verify the condition: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Any other information that we should know:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

# Parental/Guardian Consent

I, as parent/guardian of ………………………………………………………………(please print full name of child) hereby:

* Give consent for my child to participate in Taekwondo training with ‘Dream Army Taekwondo’ and confirm that s/he is in good health to do so.
* I understand that reasonable care will be taken to ensure safety and will not hold Dream Army Taekwondo, or its trainers, responsible for any accidents whatsoever which occur during the class or at the premises where classes are conducted.
* While Dream Army Taekwondo will endeavour to maintain a safe training environment, if my child causes injury to any person or property intentionally, through recklessness or failure to obey instructions, I will indemnify Dream Army Taekwondo. I also support quality and safety in Taekwondo training at all times.
* I understand that Dream Army Taekwondo or trainer insurance does not substitute or replace my own personal or family medical/hospital insurance or other cover, which I accept as my own responsibility.

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(Please sign and print your name) (Date)