



Application Form

PERSONAL DETAILS

Today's Date: ____ / ____ / ____

Sex: Male / Female

Students Name: _____ Date of Birth: ____ / ____ / ____

(Parent/Guardians Name if under18): _____

Address: _____

Suburb: _____ Postcode: _____

Phone: (home) _____ (work) _____

(mobile) _____ (email) _____

MEDICAL DETAILS

Do you suffer from any allergies to stings, medication etc? _____

Do you suffer from any illness or condition, i.e. asthma, heart condition, diabetes, epilepsy? _____

Statement: Parent/Guardian (if under 18 years for age) Participant (if over 18 years of age)

I give permission for my child/young person to be supervised by Schembri's Taekwondo & Self Defence Centre Instructors. I have read and understood the information and expectations as stated.

I understand and approve of the involvement and agree and abide by all the rules and conditions of the activity as explained. I accept that there are inherent risks associated with this activity and I accept those risks. I agree that the instructors and servants of Schembri's Taekwondo & Self Defence Centre are to be free and clear of all resistibility whatsoever for any accident, injury or loss of property during my child/young person participation in the program. I further authorise you in the event of any accident injury to obtain such medical assistance as is required and agree to meet any expenses thereof.

Signed: _____ Guardian (if under 18 years for age) Participant (if over 18 years of age)