



Thank you for your interest in training with Denrai Tae Kwon-Do. I hope you will enjoy your journey of discovery & learning.

Our training facility is located at 3 Jackson street Methven

Class times:

Classes will run for 1 ½ hrs

Tuesday & Thursday

Sunday

Start: 7:00 pm

Start: 5.00pm

Finish: 8:30 pm

Finish: 7:00pm

Please fill out the following forms and bring with you to your first lesson:

- Membership application
- Medical information
- Terms & conditions

There needs to be one of each form for each student.

Please make sure that all students have a water bottle & towel for training.

Looking forward to seeing you all at training soon.

Senior Instructor Duncan McTaggart



Training fees



There is **No** Joining fee **Only** a **Monthly** training fee

Monthly Fee:

1 Adult	\$60
2 Adults	\$110
1 Child	\$50
2 Children	\$90
3 Children	\$120
Family (1 Adult + 2 children)	\$130

Monthly fees must be paid in full prior to commencement of training .

The Monthly fee is based on a consecutive 4 week period (ie if you start in the middle of the month your next fee will be due 4 weeks from your start date)

Payment options will be Direct Bank Deposit or Cash only.
(Bank details upon request)

A separate grading fee will apply at time of grading



TERMS & CONDITIONS



PLEASE READ THE FOLLOWING CAREFULLY

1. I, the undersigned acknowledge that I have applied to voluntarily participate in Denrai Tae Kwon-Do for instruction and training in martial arts.
2. I am aware that participating / observing in the practice of Denrai Tae Kwon-Do and / or any other martial arts forms or fitness techniques that may be demonstrated, practiced / taught may be a dangerous undertaking and in undertaking any such activities. **I do so at my own risk.**
3. I am also aware that it is a condition of admission to Denrai Tae Kwon-Do that Denrai Tae Kwon-Do ,it's directors, instructors, members, servants or agents are absolved from any liability howsoever arising from injury or damage howsoever caused (whether fatal or otherwise) arising out of participating / observing in Denrai Tae Kwon-Do.
4. I acknowledge and am aware that participation in Denrai Tae Kwon-Do may involve extremely strenuous physical activity and to consult my doctor if I have any physical condition or impairment that may prevent me from fully participating in Denrai Tae Kwon-Do before commencing and undertaking such activity. I hereby represent that, to the best of my knowledge, I am in good physical health & condition, sufficient to undertake all activities and practices during Denrai Tae Kwon-Do training. I have also completed the Medical information form.
5. I fully understand that training fee's are to be paid in advance based on a 4 week period & 30 days notice must be given to terminate membership & if I do not abide by the rules and regulations of Denrai Tae Kwon-Do that can result in but not be limited to demotion of rank, suspension or termination of membership.
6. I understand that any photographs/videos taken by Denrai Tae Kwon-Do during training/gradings will be used by Denrai Tae Kwon-Do for instructional and/or promotional purposes and will be made available to students.

I, _____ of _____
(Your name or that of parent/guardian if under 18 years)

(Address)

DO HEREBY ACKNOWLEDGE that of my own freewill and desire I submit my application to participate in Denrai Tae Kwon-Do for instruction & training in martial arts activities mentioned above and have read and understood the warning in paragraph 4 above

(Signature) Date ___/___/___

(Instructors Name)

(Instructors Signature)



Membership Application

Full Name: _____ DOB: ____/____/____

Address: _____

Phone: Home : (____) _____ Mobile _____

Email: _____

Occupation: _____

Have you done martial arts before? YES / NO

What style? _____

What rank was achieved? _____

What exercise or activities do you participate in?

How do you rate your current fitness level?

(1 being unfit / 10 extremely fit)

1 2 3 4 5 6 7 8 9 10



MEDICAL INFORMATION



Have you had any serious illness or injury in the last 12 months? YES/ NO

If yes please give details: _____

Are you taking any prescribed medication? YES / NO

If yes please give details: _____

Do you currently have or have you suffered from any of the following:

Asthma Arthritis Hernia Sporting injuries

If yes, how is this condition treated? _____

Do you have or have you ever experienced pain in any of the following areas?

If yes please provide details

Y / N Back Y / N Knee Y / N Shoulder Y / N Hips

Y / N Neck Y / N Ankles

Do you have or had any of the following conditions:

- Epilepsy Heart / Chest pain Glandular fever
 Heart disease Currently pregnant High blood pressure
 Diabetes Fainting / dizzy spells Surgery in last 12 months
 Given birth in the last 8 months

If you answered yes to any of these conditions you must obtain a medical clearance prior to commencing training

I _____ of _____

(your name or that of parent / guardian if under 18 years)

(Address)

DO HEREBY ACKNOWLEDGE

1. Of my own free will & desire submit my application for membership to Denrai Tae Kwon-Do for instruction & training in martial arts activities
2. To the best of my knowledge I have answered truthfully all the medical questions

Signed: _____

Date : ___/___/___

ALL MEDICAL INFORMATION IS STRICTLY CONFIDENTIAL