



# Membership Form

## Membership Type

Cubs Membership       Individual Membership       Family Membership

## Personal Information of Trainees

First Name	Last Name	Date of Birth	Height (cm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Contact and Billing Information

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	<input type="text"/>
<input type="text"/>	

## Membership Fee Structure

	Quantity	Total
Cubs Membership per Term		\$20.00
Adult Monthly Membership		\$25.00
Child Monthly Membership		\$15.00
Family Monthly Membership		\$55.00

An annual registration with TUNZ is required when a trainee has reached 8th Gup (yellow belt). This is administered by the club on the trainee's behalf and is currently \$20.

Doboks (uniforms) are available through the club at a discounted rate, currently \$38 for child size and \$40 for adult size. If you would like to order one please enter the trainee's height in the boxes provided above.

Training fees are invoiced in advance at the beginning of each month or term. Please make payable by direct credit to **38-9010-0184799-000** using your last name or the invoice number as the reference.

## Medical

Do any of the trainees have any medical conditions or other factors that could affect their ability to train?

Yes  No

If Yes, please provide details:

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## Waiver & Release Clause

I acknowledge that participation in martial arts training exposes me to a possibility of personal injury and hereby release Oxford Alpine Tae kwon do and its officers, directors, employees, trainers, members, independent contractors and affiliates from any and all liability from property damage, personal injuries, or other claims arising from or in connection with my participation in martial arts training including claims that are known and unknown, foreseen and unforeseen, future or contingent.

## Where the participant is over 18 years of age:

I agree that I have read and understood this waiver prior to signing it and agree that this waiver will be binding on my heirs, next of kin, executors and administrators.

First Name	Last Name
Signature	Date

## Where participant(s) is/are under 18 years of age (to be completed by a parent or guardian):

First Name	Last Name
First Name	Last Name
First Name	Last Name
First Name	Last Name

Being a parent or legal guardian of the above-named participant(s) I hereby consent to my child participating in martial arts training. I confirm that I have read and understood and explained to the participant(s), this waiver prior to signing it and agree that this agreement will be binding on my (and their) heirs, next of kin, executors and administrators.

First Name	Last Name
Signature	Date