



MEMBERSHIP FORM – Head instructor John Le Busque 7th Dan Taekwondo

Surname: _____ Given Name: _____

Address: _____

Post Code: _____ Date of Birth: ___ / ___ / ___

Phone: (H) _____ (W) _____
(M) _____

Email Address: _____

Date you commenced training: ___ / ___ / ___

Previous Martial Arts: _____ Current Grade Level: _____

Occupation: _____

Why do you wish to learn Taekwondo? _____

Any illness or injury that may affect your training? _____

Contact in emergency: _____
(State Relationship and phone number)

Where did you hear about Prahran Taekwondo School?

Yellow Pages _____ Local Pages _____ Pamphlet _____ Friend _____
Newspaper _____ Internet _____ Email _____ Other _____

I promise to uphold the true spirit of Taekwondo and never use the skills that I have learned against any person or persons, save for the defence of myself, family or friends in the instance of extreme danger or unprovoked attack or in support of law and order.

I certify that I am in good health and acknowledge that during all training times whilst on the training premises both my property and person shall be of my own risk and I will not hold Prahran Taekwondo School, nor any of its members or Instructors liable for any property loss and damage or personal injury.

I the undersigned student, do hereby apply for membership of Prahran Taekwondo School.

Signed: _____

Parents signature
if under 18 years

Date: ___ / ___ / ___

