



Name _____ D.O.B _____ / _____ / _____

Address _____

Ph _____ Mob _____ Email _____

Occupation _____ Emergency Contact _____

How did you hear about our classes? _____

- 1) Have you had or suffer from any injury, illness, back or joint condition that may be aggravated by vigorous exercise? yes / no
- 2) Are you taking any prescribed medications? yes / no
- 3) Are you now or have you been pregnant recently? yes / no
- 4) Is there any other medical condition that may require you to have a modified exercise program? yes / no

If you have answered YES to any of the questions, we recommend you seek advice from your doctor before starting our training program.

- 5) Are you currently or have you trained in fitness or martial arts? yes / no

Style / Type _____ Rank / Years _____

Terms & Conditions

Recognising that the strenuous nature of this activity involves risk or injury, I agree to hold the Asia Pacific Tang Soo Do Federation and member studios where the training is conducted, as well as their instructors, examiners, guests and members, free and harmless of any liability or damages should any injury occur.

I grant East Coast Tang Soo Do, a member of Asia Pacific Tang Soo Do Federation, irrevocable right to use my name, image, and/or performance as captured by photographic, audio and/or video means for release and/or reproduction in any medium for any legal purpose, including but not limited to education, training, illustration, promotion, advertising, and general trade.

I acknowledge that I have no interest nor the copyright and that any use may be made without compensation or notice to me. I waive any right to inspect, approve, and/or otherwise control the use of the product.

It is an offence to knowingly give false or misleading information on this enrolment form and if deemed necessary action will be taken in a court of law.

I the undersigned have read and fully understand this contract/enrolment form.

Signature / Guardian _____ Date: _____ / _____ / _____