

Taekwondo Australia Limited



REGISTRATION FORM

(Please Print Clearly)

Member Surname: First Name/s:

Date of Birth: / / Age: Gender: M F (Please circle)

Address:

Suburb: State: Postcode:

Contact Details: Home (.....) Work (.....)

Mobile Fax (.....)

Email:@.....

Occupation:

Rank: Coloured Belt Gup Black Belt Poom / Dan

Name of Head Instructor:

Name of your Club Instructor:

Name of your Club:

Please Select Club Registration Minor (10 years and under)
 Junior (11-16 years)
 Senior (17 years plus – includes Income Protection)

(These ages apply at time of application)

Sport Registration **PASSPORT SIZE PHOTO MUST BE SUPPLIED**

Transfer from Club Registration to Sport Registration

Please tick if relevant - Aboriginal Torres Strait Islander

Note: Student accident insurance is not intended to replace medical/hospital benefit insurance. It is recommended that you have private health insurance in addition to the participation insurance. Please make sure that all the above information is supplied and is correct.

**RETURN THIS FORM TOGETHER WITH CORRECT FEE
TO YOUR HEAD INSTRUCTOR**