 STUDENT ENROLMENT FORM 

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| **OFFICE USE ONLY** |
| Date received: Entry completed: Membership no.: Membership  approved:  |



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| **STUDENT DETAILS** |
| First name:  | Last name:  |
| Date of birth:  | Contact number:  |
| Email address:  |



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| **ADDRESS** |
| Street name and number:  |
| Town:  | County:  | Postcode:  |

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| **PARENT / GUARDIAN DETAILS***for students under 18* |
| Name:  | Contact number:  |
| Relationship to student:  | Email address:  |

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| **EMERGENCY CONTACT DETAILS***if different to parent / guardian* |
| Name:  | Contact number:  |

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| **MEDICAL DETAILS** |
| Please tick if you / the student suffers any of the following:  | Please provide details of any items you have ticked or any of any other physical limitations the instructor should be aware of:  |
| Allergies  | Hay-fever  |  |
| Asthma  | Headaches  |  |
| Blood pressure  | Nose bleeds  |  |
| Diabetes  | Sight or hearing problems  |  |
| Epilepsy  | Knee or back problems  |  |
| Fainting  | Heart condition  |  |
| Fits or blackouts  | Other*(please provide details)* |  |



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| **ADDITIONAL INFORMATION***for new students only* |
| How did you find out about Soo Bahk Do?  | What is your reason for joining Soo Bahk Do?  |
| Word of mouth  | Facebook |  |
| Flyer / poster  | Rainford High  |  |
| Website  | Other |  |
| Have you trained in Martial Arts Before? Yes/No | If Yes give details: |

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| **LEGAL** |
| **Student enrolment**Signing indicates that all information provided in this form is true and current to the best of your knowledge. Soo Bahk Do Moo Duk Kwan requires this to provide a safe environment for all members. **Release and Waiver**I have read and agree to the conditions outlined in the The Soo Bahk Family Academy Inc Release and Waiver of Liability overleaf. **Privacy consent**Consent is given as outlined overleaf regarding gathering of information. **Photo consent**I consent to having my photograph taken during the course of my martial arts education and associated activities. **Fees**I agree to pay fees as outlined by the dojang operator for my participation.  | Student signature: *In case of a minor, parent**or legal guardian must sign*Photo consent: Date:  | day  |  |   | *Please ensure you notify**your instructor each time**photographs are taken**if consent is withheld.* |

 **Yes No**

**The Soo Bahk Family Academy Release and Waiver of Liability**

**I, , agree to participate in one or more class(es) delivered by “The Soo Bahk Do Family Academy”, which will include, but not necessarily be limited to Soo Bahk Do Syllabus and have made me fully aware that the fitness programmes/classes which “The Soo Bahk Do Family Academy” offers and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. I the undersigned recognise and understand that the programmes/classes are not without varying degrees of risk.**

**I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in “The Soo Bahk Do Family Academy” classes and accept full responsibility for any injury that may result from participation in any activity, class or physical fitness programme. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by “The Soo Bahk Do Family Academy” With my full understanding of the above information, I agree to assume any and all risk associated with my participation in “The Soo Bahk Do Academy” classes.**

**Release**

**In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by “The Soo Bahk Do Family Academy”, and with my full understanding of all of the above, I hereby waive, release, remise and discharge “The Soo bahk Do Family Academy” and its Instructors, employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my participation in The Soo Bahk Do family Academy” classes, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.**

**This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.**

**Parents of Students under 18 years**

**If I am signing on behalf of a minor child, I also give full permission for any person connected with “The Soo bahk Do Family Academy” to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the wellbeing of the child.**

**Indemnification**

**I recognise that there is risk involved in the types of activities offered by “The Soo Bahk Do Family Academy”. Therefore I accept financial responsibility for any injury that I or the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur lawyers’ fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless “The Soo Bahk Do Family Academy”, their Instructors, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by “The Soo Bahk Do Family Academy”.**

**Use of picture(s)/film/likeness**

**I agree to allow “The Soo Bahk Do Family Academy”, its instructors, employees and volunteers to use picture(s), film and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform “The Soo Bahk Do Family Academy”, of this in writing.**

**I have fully read and fully understand the foregoing assumption of risk and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.**

**I have read and understand the club risk assessments, policies, and procedures.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Participant’s Name (please sign)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Legal Guardian (please sign)**



