MEMBERSHIP FORM

Student Details:

Family Name: _____ First Name: _____ DOB: _____ Age:____
Family Name: _____ First Name: _____ DOB: _____ Age:____
Family Name: _____ First Name: _____ DOB: _____ Age:____
Family Name: _____ First Name: _____ DOB: _____ Age:____

Address: _____ Suburb: _____ Postcode: _____

Email Address: (if over 18yrs) _____Mobile Phone: (if over 18yrs) _____ _____

Health History: (medical conditions, allergies or injuries_____

Parent/Guardian (if under 18yrs) **or Emergency Contact:**
Full Name: _____ Email Address: _____
Relationship to Student:_____ Contact Phone:_____
Parent/Guardian (if under 18yrs) **or Emergency Contact:**
Full Name: _____ Email Address: _____
Relationship to Student:_____ Contact Phone:_____

How did you hear about us?
☐ Newsletter ☐ Flyer ☐ Google/Website ☐ Other _____ ☐ Referral (by whom?) _____

ADVERTISING WAIVER ☐
I hereby permit 5th Element Martial Arts to use photographs (and other media forms) which may contain my image for advertising purposes.

DISCLAIMER ☐
I acknowledge that during all times whilst at a 5th Element Martial Arts venue, whilst at a seminar, grading, competition or any other 5th Element Martial Arts function or outing that both my property and my person shall be at my own risk. I hereby certify that I have voluntarily elected to participate in training and any of the aforementioned activities, and do not hold this organization or the people involved in the organization, responsible for and indemnify them for any personal injury, loss or damage which may occur as a result of my attendance.

Printed Name: _____ Signature: _____ Date: _____

CONDITIONS OF ENROLMENT:
1. Instructors are all 1st Aid qualified and hold blue cards. In the event that your child(ren) require 1st Aid, it is a legal requirement that qualified 1st Aiders provide 1st Aid care within the workplace. If you do not permit your child to receive 1st Aid, please inform administration in writing prior to enrolment.
2. All students must follow the 5th Element Martial Arts uniform regulations, be suitably groomed and be ready dressed for their class 5 minutes before class time. Students consistently ignoring these requirements may be unable to participate in class.
3. Parents and friends are not allowed to view classes or gratings from within the Dojang due to space and OH&S considerations. Exceptions are made during open weeks or where permission has been given by the Instructor. Class structure and activities will be adjusted to ensure safety of all concerned on these occasions.
4. Students are not permitted to participate in taekwondo classes elsewhere whilst enrolled at 5th Element Martial Arts except with written permission from the Senior Instructor.
5. Students are automatically re-enrolled into the following term and every year after. A minimum of two weeks' notice (via email) must be given to cancel any class or $40 cancellation fee is applicable. If two weeks' notice is not received you will be liable for the full term's fees.
6. Term Fees are charged on a term basis regardless of term length. Classes will operate on Pupil Free Days but not Public Holidays or Brisbane City Council Show Holiday unless advised. Please note there are NO REFUNDS for missed classes or public holidays. Term Fees are payable by the second week of term or a $40 Late Fee will be applied to all outstanding accounts not settled in full by the due date.
7. There is NO REFUND for a student who is withdrawn from the School during a term, or is absent for any reason including illness, injury, school trips or holidays. Missed classes can be 'made up' in other classes of the same (or similar) level in the same term as the missed classes. Please notify Administration when undertaking make up classes and obtain a "make-up class form" to hand to the instructor at the commencement of the make-up class.
8. All students are expected to follow the 5th Element Martial Arts Policies including Bullying Policy, Sickness Policy, Behaviour Policy and Social Media Policy.

Please read the following Training Advice carefully: Exercise at a low level first. Be sure to limit yourself to a pace where you can still talk comfortably. Should you suffer any injury, illness or condition in the future, please tell us and complete this form again.
Statement: I hereby make application for membership of 5th Element Martial Arts and do agree loyally to abide by the rules and regulations of 5th Element Martial Arts and affiliated clubs and the World Taekwondo Federation (WTF) including its local governing Taekwondo Australia Inc. I recognize that the Instructors are not able to provide me with medical advice with regard to my medical fitness. I have read the training advice given above, and I acknowledge to the best of my ability that I am in good health and have no known medical problems that would restrict my ability to participate in 5th Element Martial Arts classes.

Printed Name: _____ Signature: _____ Date:_____

Office use Only: CMPC ____MC____ INV____