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| Cheongye Kwan Institute Membership Application Form |  |



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|[ ]  Senior £35.00 |[ ]  Junior £30.00 |

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|[ ]  Replacement Book £10 |

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| Name: |  |  |  |  |  |
|  | First Name |  | Middle Name |  | Last Name |
| Date of Birth: |  |  |  |  |  |  |
|  | Day |  | Month |  | Year |  |  |  |  |  |
| Please attach a Passport sized phototo this form unlessit is a renewal.

|  |  |
| --- | --- |
| Address: |  |

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| Tel./Mob. |  |  |  |
|  |  |  |
| Email: |  |  |
|  |  |  |
| I hereby agree and consent to all the terms and conditions as described to me by the Cheongye Kwan Institute in their entirety. (If the student is aged 4-15, a parent or guardian must sign on their behalf). Membership is activated after a review and approval of this application by the Chief Instructor.

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| --- | --- | --- | --- |
| Signature/Date. |  |  |  |

Have you practiced a Martial Arts or Combat style before? |
|[ ]  Yes |[ ]  No |
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| If yes which? |  |  |  |

 Please list any Martial Arts that you have studied, and your grade achievedDo you currently, or have you ever suffered from any medical conditions?

|  |  |
| --- | --- |
|[ ]  Yes |[ ]  No |
| If yes which? |  |  |  |

A letter from your Doctor may be required for some conditionsDo you agree to First Aid treatment being given if necessary?

|  |  |
| --- | --- |
|[ ]  Yes |[ ]  No |

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Have you been informed of the potential risks of training within the Martial Arts?

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|[ ]  YesThis box must be ticked to begin/continue training |[ ]  NoForm revised September 2019 |