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| Cheongye Kwan Institute Membership Application Form |  |



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|  | Senior £35.00 |  | Junior £30.00 | |  |  | | --- | --- | |  | 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 photo  to this form unless  it is a renewal.   |  |  | | --- | --- | | Address: |  | | | | | | | | | | | | | | | |
| Tel./Mob. | |  | | | | |  | | | | |  | | |
|  | |  | | | | | | | | | |  | | |
| Email: | |  | | | | | | | | | |  | | |
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| 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.   |  |  |  |  | | --- | --- | --- | --- | | Signature/Date. |  |  |  |   Have you practiced a Martial Arts or Combat style before? | | | | | | | | | | | | | | |
|  | Yes | | | | | |  | | No | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | If yes which? |  |  |  |   Please list any Martial Arts that you have studied, and your grade achieved  Do 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 conditions  Do you agree to First Aid treatment being given if necessary?   |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | | | | | | | | |

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

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|  | Yes  This box must be ticked to begin/continue training |  | No  Form revised September 2019 |