

TAEKWONDO AUSTRALIA INC.

2009 Student Registration Form

(Please Print Clearly)



Students

Surname: **First Name:**

Date of Birth:/...../..... **Age:** **Sex:** M F (Circle)

Address:

Suburb: **State:** **Postcode:**

Telephone: Home () **Work** ()

Mobile Number: **Email:**

Occupation:

Colour Belt Rank: **Gup** **Black Belt Rank:**

Name of Head Instructor:

Head Instructors (Taekwondo Australia Inc.) Membership No.

Name of your Instructor.....

Name of Club:

Please tick if relevant

- Aboriginal
- Torres Strait Islander

Please Select

- Registration & Insurance
- Minor (Up to & including 10 years)
- Junior Student (11 - 16 years of age)
- Senior Student (17 years & over – includes Income Protection)

**THESE AGES APPLY AT THE
TIME OF APPLICATION**

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

**Return this form together with correct fee to your
Head Instructor**