

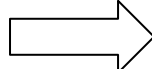


# Annual Membership Application

2010 Version – Valid from June 10th

Paid  
£30  
Fee?

Please Fully Complete Sections 1, 2 and 3 as indicated by the arrows, writing clearly and legibly. Parent/Legal Guardian is to complete on behalf of the Applicant if under 18 years. Do not complete if you are unsure at all about any question.



## Section 1 - Personal Details of Applicant

SURNAME: \_\_\_\_\_

FORENAME: \_\_\_\_\_

DATE OF BIRTH:       -       -                  MALE / FEMALE

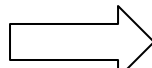
ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EXPIRY DATE FOR RENEWAL MEMBERSHIPS:       -       -            

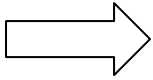


## Section 2 - Medical Questionnaire

This section will be treated in Strict Confidence. If the answer to any of these questions is "Yes" or you are unsure, please give further details on a separate sheet of paper:

1. Do you currently suffer with any medical problems for which you are currently undergoing treatment or taking medications? Y / N
2. Are you taking any prescription medications at present? Y / N
3. Do you suffer with any allergies to tablets, plasters or medications? Y / N
4. Have you ever been refused membership of any gymnasium, health club, sports club or organisation connected with physical training, on health grounds? Y / N
5. Do you presently or have you ever previously suffered with any of the following:

Heart Disease?	Y / N	Back Pain?	Y / N	Neck or Head Injuries?	Y / N
High Blood Pressure?	Y / N	Arthritis?	Y / N	Bronchitis?	Y / N
Asthma?	Y / N	Joint Injuries?	Y / N	Mouth braces?	Y / N
Stroke?	Y / N	Back Injuries?	Y / N	Loose teeth?	Y / N
Epilepsy?	Y / N	Hernias?	Y / N	Back Injuries or Prior Surgery?	Y / N
Diabetes?	Y / N				



### Section 3 – Terms, Conditions, Potential Risks and Benefits

Please read this section very carefully. It contains important information that you must understand before signing. Your Instructor can offer further clarification if required. The Study of Martial Arts and in particular TaeKwon-Do, carries potential risks to the Student. These may range from: minor injuries to permanent disability or handicap as well as life threatening emergencies:

Types of Exercise	Potential Risks	Potential Benefits
<u>General Training</u> <input type="checkbox"/> Physical Conditioning <input type="checkbox"/> Strength Training <input type="checkbox"/> Fitness Exercises <input type="checkbox"/> Stretching Exercises	<u>Accidents in the Hall</u> <input type="checkbox"/> Slips, Trips and Falls involving Training Hall Walls, Furniture and Floor <input type="checkbox"/> Injury to Muscle, Bone, Joint, Tendon, Ligament or Nerves as well as Head Injury	<input type="checkbox"/> Improved cardiovascular and respiratory reserve <input type="checkbox"/> Greater capacity for performing physical tasks and exertion <input type="checkbox"/> Improved neuromuscular strength, balance and coordination <input type="checkbox"/> Improved upper and lower limb skeletal muscle tone <input type="checkbox"/> Improved psychological well-being <input type="checkbox"/> Improved fitness, physical awareness, appreciation of timing and distance <input type="checkbox"/> Confidence in dealing with realistic self-defence scenarios and confrontation <input type="checkbox"/> Improved neuromuscular coordination, balance and delivery of physical power <input type="checkbox"/> Improved confidence in performing under examination conditions, those skills learnt in class
<u>Contact Exercises</u> <input type="checkbox"/> Free Sparring <input type="checkbox"/> Self Defence <input type="checkbox"/> Fixed Sparring	<u>Contact with People</u> <input type="checkbox"/> Collision Injuries during exercises <input type="checkbox"/> Accidental limb, joint and body contact including that with training partners <input type="checkbox"/> Injury to the face, eyes, throat, ears, groin, abdomen, genitalia, spleen and kidneys	
<u>Technical Exercises</u> <input type="checkbox"/> Stance Exercises <input type="checkbox"/> Jumping Exercises <input type="checkbox"/> Kicking Exercises <input type="checkbox"/> Pad Exercises	<u>Specific Physical Risks</u> <input type="checkbox"/> Spine, Back, Neck, Head and Neurological Injuries that may be permanent and irreversible <input type="checkbox"/> Chest, Abdominal and Hernia Injuries that may be permanent and irreversible <input type="checkbox"/> Limb Injuries including fractures, dislocations and tearing of soft tissues, which may result in temporary or Permanent injury or disability. This may result in time off work or other activities. <input type="checkbox"/> Cardiovascular events which may result in sudden death due to previously undiagnosed conditions being exacerbated by strenuous exercise	
<u>Events</u> <input type="checkbox"/> Tournaments <input type="checkbox"/> Grading Examinations <input type="checkbox"/> Seminars		

- Do not train unless you are in possession of a valid in-date NTX Schools Membership Card
- If you wish to train with NTX Schools, we strongly recommend that you understand the potential physical and psychological risks. Do not continue with training in any Martial Art if you do not understand these risks and are uncertain or unwilling to accept these risks.
- All fees in connection with this membership and any associated training costs are not refundable under any circumstances.
- All Injuries and Accidents must be reported to the Instructor and Head Office (07895 062611), either during the lesson in which they occur, or within 24 hours - This is an Insurance requirement.
- The applicant (or legal guardian if under 18 years of age) must sign to confirm that the full contents of document has been read and understood. The applicant, by signing, wishes to proceed with their application and accepts the risk and benefits described above.
- You may not train at any NTX Schools training venue, without first fully completing this document, paying the full Fee and receiving your Annual Membership Card
- Applications must be renewed annually - check your Annual Membership Card.

Print Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Signed: \_\_\_\_\_

### Section 4 – TO BE COMPLETED BY INSTRUCTOR

Confirm Full Name: \_\_\_\_\_ NEW or RENEWAL

Confirm Date of Birth: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

### Section 5 – TO BE COMPLETED BY HEAD OFFICE

Date Application Received: \_\_\_\_\_ Approved: Y / N