



Instructors Code :

Paid £25

Annual Membership Application

Document A – 2010 Applications

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. You may not train at any NTX Schools training venue, without first fully completing this document, paying the full annual membership fee and your application being accepted by Head Office. Applications must be renewed annually, as indicated by the expiry date on your Annual Membership Card. Annual fees for Membership are non-refundable under any circumstances.



Section 1 - Personal Details of Applicant

SURNAME: _____

FORENAME: _____

DATE OF BIRTH: ____ - ____ - ____ (DD-MM-YYYY) MALE / FEMALE

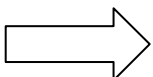
ADDRESS: _____

TOWN/CITY: _____

POSTCODE: _____

TELEPHONE: _____

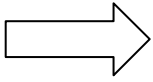
Have you ever studied Self Defence, TaeKwon-Do or Martial Arts Previously? Y / N
If "Yes" please give details on a separate sheet of paper.



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 disorders: Heart Disease? High Blood Pressure? Asthma? Stroke? Epilepsy? Diabetes? Back Pain? Arthritis? Joint Injuries? Neck or Head Injuries? Bronchitis? Mouth braces, crowns, loose teeth? Spinal, Back Injuries? Hernias? 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
<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, genitalia and kidneys	<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
<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	<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>Events</u> <input type="checkbox"/> Tournaments <input type="checkbox"/> Grading Examinations <input type="checkbox"/> Seminars		

- If you wish to continue with your training, we strongly recommend that you understand the potential physical and psychological risks that are associated and that you do not continue with training in any Martial Art if you are uncertain or unwilling to accept liability for these potential risks. We advise to fully understand these risks and benefits before joining.
- All fees in connection with this membership and any associated training costs are not refundable under any circumstances.
- For more information, the “New Student Information” document offers further clarification, which is available from Head Office on 07895 062611 on request.
- All Injuries and Accidents must be reported to the Instructor and Head Office, either during the lesson in which they occur, or immediately afterwards. 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.

Print Name: _____

Date of Application: _____ Signed : _____

Section 4 – TO BE COMPLETED BY INSTRUCTOR

Confirm Full Name: _____ Confirm DOB: _____

Instructor Signature: _____ NEW or RENEWAL

Section 5 –TO BE COMPLETED BY HEAD OFFICE

Date Application Received: _____ Approved: Y / N

Instructor Code: _____
Membership No.: _____
Expiry Date: _____