



Australian Soo Bahk Do Moo Duk Kwan Federation Inc

STUDENT ENROLMENT FORM

Dojang name / location: _____

OFFICE USE ONLY

Date received: _____
Entry completed: _____
Membership no.: _____
Membership approved: _____

STUDENT DETAILS

First name:	Last name:
Date of birth:	Contact number:
Email address:	

ADDRESS

Street name and number:		
Suburb:	State:	Postcode:

PARENT / GUARDIAN DETAILS *for students under 18*

Name:	Contact number:
Relationship to student:	Email address:

EMERGENCY CONTACT DETAILS *if different to parent / guardian*

Name:	Contact number:
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MEDICAL DETAILS

<p>Please tick if you / the student suffers any of the following:</p> <table><tr><td><input type="checkbox"/> Allergies</td><td><input type="checkbox"/> Hay-fever</td></tr><tr><td><input type="checkbox"/> Asthma</td><td><input type="checkbox"/> Headaches</td></tr><tr><td><input type="checkbox"/> Blood pressure</td><td><input type="checkbox"/> Nose bleeds</td></tr><tr><td><input type="checkbox"/> Diabetes</td><td><input type="checkbox"/> Sight or hearing problems</td></tr><tr><td><input type="checkbox"/> Epilepsy</td><td><input type="checkbox"/> Knee or back problems</td></tr><tr><td><input type="checkbox"/> Fainting</td><td><input type="checkbox"/> Heart condition</td></tr><tr><td><input type="checkbox"/> Fits or blackouts</td><td><input type="checkbox"/> Other <i>(please provide details)</i></td></tr></table>	<input type="checkbox"/> Allergies	<input type="checkbox"/> Hay-fever	<input type="checkbox"/> Asthma	<input type="checkbox"/> Headaches	<input type="checkbox"/> Blood pressure	<input type="checkbox"/> Nose bleeds	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sight or hearing problems	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Knee or back problems	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Fits or blackouts	<input type="checkbox"/> Other <i>(please provide details)</i>	<p>Please provide details of any items you have ticked or any of any other physical limitations the instructor should be aware of:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> Allergies	<input type="checkbox"/> Hay-fever														
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<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart condition														
<input type="checkbox"/> Fits or blackouts	<input type="checkbox"/> Other <i>(please provide details)</i>														

ADDITIONAL INFORMATION *for new students only*

<p>How did you find out about Soo Bahk Do?</p> <table><tr><td><input type="checkbox"/> Word of mouth</td><td><input type="checkbox"/> Newspaper advertisement</td></tr><tr><td><input type="checkbox"/> Flyer / poster</td><td><input type="checkbox"/> Internet search</td></tr><tr><td><input type="checkbox"/> Yellow Pages</td><td><input type="checkbox"/> Other <i>(please provide details below)</i></td></tr></table> <p>_____</p>	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Newspaper advertisement	<input type="checkbox"/> Flyer / poster	<input type="checkbox"/> Internet search	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other <i>(please provide details below)</i>	<p>What is your reason for joining Soo Bahk Do?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Newspaper advertisement						
<input type="checkbox"/> Flyer / poster	<input type="checkbox"/> Internet search						
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other <i>(please provide details below)</i>						

LEGAL

<p>Student enrolment Signing indicates that all information provided in this form is true and current to the best of your knowledge. Soo Bahk Do Moo Duk Kwan requires this to provide a safe environment for all members.</p> <p>Release and Waiver I have read and agree to the conditions outlined in the Australian Soo Bahk Do Moo Duk Kwan Federation Inc Release and Waiver of Liability overleaf.</p> <p>Privacy consent Consent is given as outlined overleaf regarding gathering of information.</p> <p>Photo consent I consent to having my photograph taken during the course of my martial arts education and associated activities.</p> <p>Fees I agree to pay fees as outlined by the dojang operator for my participation.</p>	<p>Student signature: _____ <i>In case of a minor, parent or legal guardian must sign</i></p> <p>Witness signature: _____</p> <p>Photo consent: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please ensure you notify your instructor each time photographs are taken if consent is withheld.</i></p> <p>Date: _____ day / month / year</p>
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AUSTRALIAN SOO BAHK DO MOO DUK KWAN FEDERATION INC RELEASE AND WAIVER OF LIABILITY

PLEASE READ THIS CAREFULLY AS THIS RELEASE AND WAIVER OF LIABILITY WILL AFFECT YOUR LEGAL RIGHTS

1. RELEASE AND WAIVER OF LIABILITY

This Release and Waiver is intended to give effect to section 68B of the *Trade Practices Act 1974* (Cth) and limits the liability of each Soo Bahk Do Moo Duk Kwan Organisation for death or personal injury caused by Soo Bahk Do Moo Duk Kwan Organisation's failure to provide services with due care and skill. This Release and Waiver applies to all Soo Bahk Do Moo Duk Kwan Organisation activities.

2. ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

I acknowledge and agree that:

- (a) Martial Arts can be a dangerous activity where there is a risk of physical injury occurring, including serious and permanent disability and incapacity or even death;
- (b) I understand that these risks may be caused by my own action or inaction, the action or inaction of others, the conditions in which martial arts takes place, or the negligence of others;
- (c) I understand, that training for, participating in and competing in martial arts carries the same risks as described in (a) above;
- (d) I accept all risks arising from the activities, both in relation to training and competing in Soo Bahk Do Moo Duk Kwan and any events organised or sanctioned by Soo Bahk Do Moo Duk Kwan Organisations;
- (e) I agree to abide by the rules and regulations of Soo Bahk Do Moo Duk Kwan Organisation;
- (f) I release and hold harmless each Soo Bahk Do Moo Duk Kwan Organisation, their servants, agents and voluntary workers from all actions, proceedings, suits, claims and other liabilities founded in negligence, breach of duty (statutory or otherwise) or howsoever arising for injuries (including permanent disability, incapacity or death) I may sustain, including in the course of training for and participating in Soo Bahk Do Moo Duk Kwan and any events organised or sanctioned by a Soo Bahk Do Moo Duk Kwan Organisation to the full extent permitted by law; and
- (g) I have read this Release and Waiver of Liability, fully understand its terms and have signed it freely without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the full extent permitted by law and agree that if any portion of this Release and Wavier of Liability is held invalid by a Court of competent jurisdiction, the balance notwithstanding will continue in full force and effect; and
- (h) For the purposes of this Release and Waiver Soo Bahk Do Moo Duk Kwan Organisation means each of the following:
 - (i) Australian Soo Bahk Do Moo Duk Kwan Federation Incorporated
 - (ii) Soo Bahk Do Moo Duk Kwan Association NT - Region 1 Incorporated
 - (iii) Soo Bahk Do Moo Duk Kwan Association Western Australia - Region 2 Incorporated
 - (iv) Soo Bahk Do Moo Duk Kwan Oriental Physical Culture Education and Science Incorporated
 - (v) Soo Bahk Do Events Incorporated
 - (vi) Capital Soo Bahk Do Academy Pty Ltd
 - (vii) Moo Do Concepts Pty Ltd, trading as: Bungendore Soo Bahk Do
 - (viii) Gungahlin Soo Bahk Do
 - (ix) Southern Canberra Soo Bahk Do
 - (x) Naturally Applied Pty Ltd
 - (xi) Sydney Moo Duk Kwan
 - (xii) Martial Arts SA - Leadership Academy
 - (xiii) South Eastern Soo Bahk Do
 - (xiv) Loualex Pty Ltd, trading as: Austin Martial Arts
 - (xv) Perth Soo Bahk Do
 - (xvi) Melbourne Classical Martial Arts
 - (xvii) Melbourne Moo Duk Kwan
 - (xviii) Thorp Martial Arts
 - (xix) Molonglo Valley Martial Arts Moo Duk Kwan

PRIVACY CONSENT

USE OF PERSONAL INFORMATION

I authorise the Soo Bahk Do Moo Duk Kwan Organisation to use my personal information it receives for any reasonable purpose related to the Organisation's activities (including direct marketing) within the discretion of the Associations and in accordance with the National Privacy Principles under the *Privacy Act 1988* (Cth).

I acknowledge and give consent/decline consent (indicated on reverse of page) to photographs and other digital information being taken of me before, during or after training for, participating in, or competing in martial arts and any events organised or sanctioned by the Associations. I acknowledge and agree that such photographs and digital information are owned by the Associations and the Associations may reproduce my photographs or other digitals information in publications without me being entitled to payment. I acknowledge that the material may appear in printed or electronic form and may be available to a global audience on the World Wide Web.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the Associations in writing.

I acknowledge that, and consent to, my personal information, photograph, or other digital information being given by the Associations to a third party if it is permitted under the *Privacy Act 1988* (Cth).

ACCESS TO INFORMATION

I acknowledge my right to access personal information pursuant to the National Privacy Principles contained in the *Privacy Act 1988* (Cth). I am also aware that I have the right to request in writing to the secretary the correction of any inaccuracies that exist in my personal information that is held by the Associations.