



# EAST COAST TAEKWONDO ACADEMY

Main Dojang: 9/190 The Entrance Road, Long Jetty NSW 2261  
Postal Address: PO BOX 4266, LAKE HAVEN NSW 2263  
[www.taekwondoeastcoast.com.au](http://www.taekwondoeastcoast.com.au) e-mail: ecta@bigpond.net.au  
PHONE: (02) 4392 3625 MOBILE: 0416 102 487  
ABN: 45 624 414 474



## MEMBERSHIP APPLICATION FORM

I, the applicant, wish to be granted dual membership with Taekwondo Jidokwan and the East Coast Taekwondo Academy. I hereby agree to abide by the rules and regulation of the Taekwondo Jidokwan and the East Coast Taekwondo Academy.

◆ Please print details in BLOCK LETTERS:

SURNAME:  NAME:

ADDRESS:  POSTCODE:

D.O.B.  AGE:  SEX:  M  F PHONE:

Previous martial art/s training?

Do you suffer from any medical or physical condition, including any infectious disease/s that may affect your training? (You may need to provide a doctor's certificate for approval depending on your health condition).

YES  NO If YES, please specify:

How did you find out about the ECTA?  School Newsletter  Yellow Pages

Internet  Friend  Media Advert  OTHER

I, the applicant, agree that I shall accept the risk of any injury, damage or loss, which may be incurred during training, or participation of TAEKWONDO. I shall make no claim against Taekwondo Jidokwan or the East Coast Taekwondo Academy, its Director or instructors in respect of any injury, damage or loss, which may be incurred. If the applicant is under 18 years old, then I, as the parent or legal guardian of the applicant consent to the above and on the applicant's behalf.

DATE: / / . APPLICANT'S SIGNATURE:.....  
PARENT/LEGAL GUARDIAN (under 18 yrs):.....

I, \_\_\_\_\_, the applicant/parent/guardian give my consent for my/child/ren's photo/s to appear in the East Coast Taekwondo Academy's website, books, posters, advertisings, newsletters or any materials the Academy may deem necessary to use for promotional purposes only. I understand that my/child/ren's name will not appear with the photo/s without my further consent.

Applicant/Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

◆ INSTRUCTOR'S USE ONLY	
DATE RECEIVED: / / .	PAID: <input type="checkbox"/> cheque <input type="checkbox"/> money order <input type="checkbox"/> cash
<b>ECTA Membership includes:</b> <ul style="list-style-type: none"> <li>• FREE uniform &amp; ONE month training</li> <li>• Taekwondo Inc. registration &amp; insurance paid to February each year (payable yearly)</li> </ul>	BRANCH SCHOOL:
	INSTRUCTOR NAME:
	BRANCH INSTRUCTOR'S NAME:
	INSTRUCTOR'S SIGNATURE:
JUNIOR \$95.00 SENIOR \$99.00	