



# Membership Application

(Please Complete Both Sides)

<b>Full Name</b>	Name: _____ Date of Birth: _____
<b>Address</b>	_____
<b>Phone Number</b>	_____
<b>E-Mail Address</b>	_____
<b>Emergency Contact</b>	Name: _____ Phone Number: _____
<p>Please tick your choice or choices of class.</p> <p><b><u>WE RECOMMEND THAT YOU ATTEND NO MORE THAN 4 CLASSES A WEEK.</u></b></p> <p>(Age 4 – 6: Dragons) (Age 7- 12: Tigers) (Age 13+ Hapkido)</p> <p>You need to be enrolled in Hapkido and at least a Blue Belt in order to do Ground Combatives and Kyusho-Jitsu (which also has a minimum age of 16)</p>	<p><b>Young Dragons:</b> 1 class a week <input type="radio"/> 2 Classes a week <input type="radio"/></p> <p><b>Hapkido Tigers:</b> Up to 2 classes a week <input type="radio"/> Up to 3 classes a week <input type="radio"/></p> <p><b>Hapkido:</b> Up to 2 classes a week <input type="radio"/> Up to 3 classes a week <input type="radio"/></p> <p><b>Hapkido Ground Combatives:</b> 1 class a week <input type="radio"/> (*)</p> <p><b>Hapkido Pressure Point Combatives :</b> 1 class a week <input type="radio"/> (*)</p> <p><b>Sword Fighting:</b> Tuesday <input type="radio"/> Saturday <input type="radio"/> (*)</p> <p>All marked (*) have <u>eligibility requirements</u>. Please check before applying</p>
<b>Immediate Training Goals that you would like to achieve for you or your child over the next 3 months.)</b>	_____
<b>Uniform Size:</b> <b>(For Hapkido, Teen Hapkido, Junior Hapkido or Young Dragons)</b>	<p>Size 000 (91 – 104 cm) <input type="radio"/> Size 00 (104 - 117 cm) <input type="radio"/> Size 0 (117 - 130 cm) <input type="radio"/></p> <p>Size 1 (131 - 142 cm) <input type="radio"/> Size 2 (142 – 155 cm) <input type="radio"/> Size 3 (155 - 168 cm) <input type="radio"/></p> <p>Size 4 (169 - 179 cm) <input type="radio"/> Size 5 (180 cm - 188) <input type="radio"/> Size 6 (188 - 202 cm) <input type="radio"/></p> <p><b>(Allow for some shrinkage after washing so order next size up if borderline)</b></p>



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<b>Physical Health:</b>  <b>Physical Health (continued)</b>	Do you have any medical conditions (including old injuries) that may affect your ability to take part in martial arts training? [ ] NO [ ] YES If Yes, please provide details below:
<b>Criminal Convictions:</b>	Do you have any criminal convictions that may affect your suitability to take part in martial arts training? [ ] NO [ ] YES  If Yes, please provide details below:  <b>(Please note that as a general rule we do not accept membership from people with convictions for <u>any</u> violent or sex related crimes.)</b>
<b>Disclaimer:</b>  <b>(Cross this section out if you do not consent to this)</b>	<b>IMPORTANT – YOU MUST READ AND UNDERSTAND THIS</b> I the undersigned, acknowledge that participation in martial arts training and related activities involves unavoidable risks. I agree to accept these risks. In the event of any personal injuries to myself or to any person(s) that I am signing on behalf of, or for any damage or theft to any personal property, I agree that I will NOT hold responsible the <i>Upper Hutt Martial Arts Academy</i> , its related entities and instructors or students for any injuries, damages or losses incurred in the normal course of training. <b>I also consent to still photos or video footage of either myself or of any person(s) I am signing on behalf of, being used for promotional or educational material produced by the Academy.</b>
<b>Signature:</b>  <b>(Parent or Care-giver signature required if student is under 16)</b>	Name:  Signature:  Date:

**NOTE: THE UPPER HUTT MARTIAL ARTS ACADEMY RESERVES THE RIGHT TO REFUSE ANY MEMBERSHIP APPLICATION AT ITS SOLE DISCRETION. NO REASON NEED BE GIVEN AND THE ACADEMY'S DECISION IS FINAL. WE ALSO RESERVE THE RIGHT TO RUN POLICE BACKGROUND CHECKS.**