

# Taekwondo Australia Limited



## 2011 REGISTRATION FORM

(Please Print Clearly)

Member Surname: ..... First Name/s: .....

Date of Birth: ..... / ..... / ..... Age: ..... Gender: M F (Please circle)

Address: .....

Suburb: ..... State: ..... Postcode: .....

Contact Details: Home (.....) ..... Work (.....) .....

Mobile ..... Fax (.....) .....

Email: .....@.....

Occupation: .....

Rank: Coloured Belt ..... Gup Black Belt ..... Poom / Dan

Name of Head Instructor: .....

Name of your Club Instructor: .....

Name of your Club: .....

Please Select Club Registration

Minor (10 years and under)

Junior (11-16 years)

Senior (17 years plus – includes Income Protection)

(These ages apply at time of application)

Sport Registration

**PASSPORT SIZE PHOTO MUST BE SUPPLIED**

Transfer from Club Registration to Sport Registration

Please tick if relevant -  Aboriginal

Torres Strait Islander

**Note:** Student accident insurance is not intended to replace medical/hospital benefit insurance. It is recommended that you have private health insurance in addition to the participation insurance. Please make sure that all the above information is supplied and is correct.

**RETURN THIS FORM TOGETHER WITH CORRECT FEE  
TO YOUR HEAD INSTRUCTOR**