



TEAM ATHLETE PRGRAM

Form 002

Enrolment Form

Form

Issue: 04

This document will be reviewed 3 years from the date of issue/review.

Prepared by: Mary Calafiore Signature: _____	Verified by: Patricia Tissera Signature: _____	Authorised by: Matt (Murat) Eryurek Signature: _____
Date: _____	Date: _____	Date: _____
Title: Club Member	Title: Club Committee Member	Title: Head Instructor

Enrolment Date: _____

Section 1: Member's Details

Members: _____
First Name *Middle Name* *Surname*

Date of birth: _____ Gender: Male Female

Name of school / Address: _____

Member's: _____
Birth Country *Language spoken at home* *Religion*

Section 2: Member's Medical Details

Family Doctor: _____
Name *Address* *Contact Number*

Medicare Number: _____

Ambulance Subscription: Yes No (If yes, provide subscription No.) _____

Private Health Insurance Yes No Fund Name: _____

Membership Number: _____

Does this Member have any allergies or sensitivities? Yes No (If Yes please specify)

Does this Member have any medical conditions or needs? Yes No (If Yes please specify)

If Asthmatic please attach a copy of the Member's Asthma Plan Attached

Section 3: EMRGENCY Details (Providing email is COMPULSORY)

Parent / Partner: _____
First Name *Surname*

Address: _____
 Parent / Caregiver Email: _____
 Post code: _____

Contact Numbers: _____
Home *Mobile* *Work*

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IMPORTANT!: END OF EACH TERM ONLY. IF YOU PAUSE OR ADJUST YOUR LIFE GOALS AND DECIDE TO STOP TEAM ATHLETE PROGRAM YOU MUST Email: coach@teamtakwondo.com.au Min days in advance end of term. New athletes will be inducted via Class Coach Endorsement and Master Murat approval.

Section 4: Usage Requirements

PLEASE TICK THE COMMITTED DAY?

This information is critical to design class for 2016

Which days are required?

- Thursday Junior Fight Class
- Friday Senior Fight Class
- Saturday Senior POOMSAE Class
- Saturday Fight Class

Section 5: Declaration and Consent to Emergency Medical Treatment

I, (please print full name), the authorized Parent or Caregiver of the Member named on this **Enrolment Form**.

- ❖ Declare that the information in this **Enrolment Form** is true and correct and I will immediately notify the Team Taekwondo Club of any changes to this information;
- ❖ Agree to collect or make arrangements for the collection of my Member referred to in this **Enrolment Form** if he / she becomes unwell;
- ❖ In case of an accident or injury being sustained by my Member, I authorise the relevant Coach or Delegate of the Team Taekwondo Club, where it is impracticable to communicate with me, to arrange emergency medical or surgical treatment as may be deemed necessary. Including the transportation of my Member to hospital by ambulance. I accept that I will be responsible for any costs incurred.

I have read the Team Taekwondo Club **Membership Manual** and fully understand and agree to abide by all conditions, Policies and Procedures outlined. I accept Team Taekwondo Athlete, Parent and Coaching Policies

<http://www.teamtakwondo.com.au/files/Team%20Taekwondo%20Manual%2010.2011%20Master%20Version.pdf>

Parent / Caregiver N/A

	_____	_____
	Signature	Date
Member:	_____	_____
	Signature	Date
Witness (Head Instructor)	_____	_____
	Signature	Date

Section 6: Permissions

Please tick to acknowledge your permission for the following:

- For the Club to display information regarding your Member, within the Club only. This information will only be used to assist the Club staff with the care of your Member in relation to Allergies, Special Needs Etc.
- For the club to take photographs / video of member participating in various activities for the use in promotional (Newsletters, Newspapers, Club Website, Club Facebook page). The photos / video taken will include the displayed member's name.

Parent / Caregiver / Member

_____	_____
Signature	Date

Section 7: Goal

Please tick:

- Club/Local
- State
- National
- International

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DOCUMENT END

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Change history

Issue number	Date	Description of change
01	-	Issue 01 document held in Team Taekwondo office.
02	October 2011	<ul style="list-style-type: none">• Transferred to new form template• Updated text as appropriate to provide clarity of information.
03	December 2012	<ul style="list-style-type: none">• Updated training day from Friday to Saturday• Removed occupation inclusion requirement and included school address• Included note for compulsory email requirement
23	October 2015	<ul style="list-style-type: none">• Issue 03 document held in Team Taekwondo office

The change history page may be removed after this document has been issued.