

# Trinity Tae Kwon Do Academy

(Student application/ agreement form)

Name: \_\_\_\_\_ Date of birth: yr: \_\_\_ mth: \_\_\_ day: \_\_\_ :  
Home phone #: \_\_\_\_\_ Other contact (cell, ect.) \_\_\_\_\_  
Email address \_\_\_\_\_ @ \_\_\_\_\_  
Other martial art experience and level achieved : \_\_\_\_\_  
Physical/ medical conditions ( please include all previous or chronic injuries / conditions  
that might become aggravated with exercise): \_\_\_\_\_  
\_\_\_\_\_  
Do you have a criminal record? : \_\_\_\_\_  
\_\_\_\_\_

I hereby apply for membership into the **Trinity Tae Kwon Do Academy** and fully understand and agree:

That my presence and activities are completely at my own risk and I do hereby indemnify, release and forever discharge the trinity tae kwon do academy. It's instructors, members, and other connected persons against and from all liability and responsibility, and from all claims for personal injury and lose of personal property sustained by myself while engaged in the art of tae kwon do , and,

That I will abide by the rules and regulations and conduct myself so that I will not disgrace the honor of the membership, and that in exchange for my membership and lessons received, or yet to be received from chief instructor **Anthony Byrne**, I will not attempt to teach any aspects of tae kwon do anywhere, except with the approval of the Trinity Tae Kwon Do academy or wtf Canada and the expressed and written consent of **Anthony Byrne** . I shall honor this clause for a period of 12months after my training officially ends, and ,

That any pictures taken in connection with the dojang can be used for publication and / or promotion without compensation at any time. ( any pictures placed on sites such as facebook will be placed in group Trinity tae kwon do students which is a closed group open only to students currently training at the dojang).

That I will pay my fees due at the time they are due . should I be dismissed for breaking any set rules, compensation will be made if less than half the time paid for is past , otherwise no compensation will be made to me.

Start date : yr. \_\_\_ /mth: \_\_\_ /day \_\_\_ :

Signature of applicant/ guardian: \_\_\_\_\_

Signature of witness : \_\_\_\_\_

Signature of instructor : \_\_\_\_\_