

Walsh Tae Kwon Do Australia Student Registration Form



I, the Applicant, seek leave of the WTA Membership Executive to be granted student registration with Walsh Tae Kwon Do Australia and agree to abide by the Rules and Regulations of the WTA.

Given Name(s): _____ Surname: _____

Address: _____

Phone: () _____ E-mail: _____

Sex: Male Female Date of Birth: _____ Age: _____ Occupation: _____

Previous Martial Art/s training: Yes No . If yes, specify Art, school, length of training and levels attained:

How did you find out about Walsh Tae Kwon Do Australia?:

Do you suffer from any medical or physical condition that may affect your training? Yes No . If yes, please specify:

I, the Applicant, understand that I will be solely responsible for any injury or damage that I may sustain in the course of my training howsoever caused. Where the Applicant is under 18 years of age, then I, as the parent or legal guardian of the Applicant give my consent to the above on the Applicant's behalf:

Applicant's Signature: _____ Date: _____

Parent's / legal guardian's signature: _____ Date: _____

WTA INSTRUCTOR'S USE ONLY

WTA Beginners Package: \$ 95.00
First months training fee: \$ FREE
Uniform: Size: _____ cm \$ FREE
Badge (optional): \$ _____

Instructor: _____
Branch: _____
State / Territory: _____

WTA OFFICE USE ONLY

Date received: _____ On-time: Late:
Application status: Accepted: Rejected: Pending:
Reason: _____

Database: Examination Card: Dobok: Letter: