

Please complete all sections and please write neatly

Membership Number: _____

Australian Hapkido Association Membership and Insurance Form



Club: _____

Given Names:		Family Name:	
Address:		Suburb/Town:	Postcode:
Home Tel: Area code ()	Mobile:	Email Address:	
Date of Birth:	Female <input type="checkbox"/> Male <input type="checkbox"/>	Occupation:	Current belt level:
Next of Kin	Name:	Relationship to student: <i>e.g. sister, stepfather, wife, partner</i>	Contact No.: () Area code

1 Are you: a new member? or renewing your membership?

2 Nominate the level of membership for which you are applying *Tick one only*

Level 1 Student - \$30 if paid between July & December, \$15 if paid between January & June

New members only:

➤ Please provide details of any previous martial arts or self defence training?

Style:	Instructor:
Grade:	No. of years training:

➤ How did you find out about the Australian Hapkido Association?

- Poster Yellow Pages Magazine Ad Newspaper Ad
 Internet Demonstration Friend/s Other _____

Level 2 Black Belt - \$30

Level 3 Instructor - \$30 – for this level you need to attach a copy of your current:

- AHA Instructor's Course Certificate and
- Senior First Aid Certification.

3 Are you suffering from any illness or injury, relevant to you participating in hard physical activity? (*e.g. asthma, knee reconstruction, ADHD, epilepsy, etc*)

Please write "NO" or provide details:

4 Payment details - How are you paying for your membership? *Tick one only*

Cheque – Make cheques payable to the Australian Hapkido Association and forwarded the cheque with your completed form to the address on the reverse side of this form.

Internet Banking – Transfer your membership fee into the Australian Hapkido Association account - Commonwealth Bank BSB: 062190 Acct Number: 10101231. The account description should be your full name. After the transfer mail your completed form to the address on the reverse side of this form.

Direct Deposit - Deposit your membership fee into the Australian Hapkido Association account - Commonwealth Bank BSB: 062190 Acct Number: 10101231. After the deposit mail the deposit receipt and your completed form to the address on the reverse side of this form.

Please turn over →



5 I agree to the following:

- I will abide by the rules of the Association.
- I will abide by the membership oath of the Association.
- The instructor may withhold tuition if I violate the spirit of Hapkido.
- All fees are not refundable.
- I understand I am hereby taking out Sportscover's Standard Personal Injury Insurance Policy
- I will abide by the Instructors' teachings and will maintain safe training practice for myself and my fellow Hapkido participants at all times.
- I understand I am partaking in a Martial Art which may involve hard physical activity and demands and may involve me training with other participants whilst not under close supervision at all times. Should I be permitted to take part in Hapkido I do so at my own risk and I accept personal responsibility for any injury.
- I agree that I will not make any claim against the Australian Hapkido Association, its Instructors, Officers or Employees in respect of any loss or injury which I may suffer during the course of training Hapkido.
- I certify that the information provided above is true and correct.

Applicant's Signature*	Date:
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*** Applicants under the age of 18 years must have this application signed by their parent or legal guardian.**

6 Budget Pplayer Accident Insurance Martial Arts Summary Of Benefits



Death & Disability

- \$30,000 Death (Under 18yrs old Maximum \$6,000).
- Permanent Disability paid in accordance to the continental sliding scale. Maximum \$30,000.

Medical Expenses

- 80% of the Non - Medicare Medical expenses and 80% Physiotherapy may be reimbursed to a maximum of \$1,000. Subject to \$10 excess.
- Note: Up to 100% will be claimable if claim is made in conjunction with Private Health Insurance.

- I have read the above and understand the level of cover I am applying for is as per the minimum requirements of cover as stated by the AHA & Sportscover.
- I understand I am responsible for my own private health insurance should I wish to attain a greater level of cover.

Applicant's Name

Applicant's Signature*	Date:
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*** Applicants under the age of 18 years must have this application signed by their parent or legal guardian.**

This is not a full Policy Wording. To obtain a full Policy Wording, please contact Worldwide Sports Insurance Pty Ltd. (02) 9955 0544.

7 Please send completed form and payment (or receipt), together with any required documentation, to:

**AUSTRALIAN HAPKIDO ASSOCIATION
PO BOX 3469
TUGGERAH NSW 2259**

Note: Membership is for a financial year - i.e. 1 July of one year to 30 June of the next year.

Have you completed the front of this form?