

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:
<b>Next of Kin</b>	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** Do you or have you ever suffered from any medical condition 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.

**6 Media Disclaimer**

I understand that sometimes photographs and videos are taken during training and gradings in order to promote the club and that as a member of the Australian Hapkido Association (AHA) I may potentially be in these photos or videos. These photos or videos may appear on our website [www.australianhapkido.com](http://www.australianhapkido.com), Facebook, Twitter, Instagram, Google+, brochures and flyers and any other media. If at any time I do not want any images of me published or displayed or if I want any photos which include my image removed from any media, I agree to notify the Chief Instructor in writing and they will arrange for the removal of such images.

**7 Budget Player Accident Insurance Martial Arts Summary Of Benefits**



**Death & Disability**

- \$30,000 Death (Under 18yrs old Maximum \$6,000). Loss of income capped at \$350 per week.
- 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 \$2,000. Subject to \$10 excess. No Medicare related Gap fees are covered.
- Note: Up to 100% may 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 or income protection should I wish to attain a greater level of cover.

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

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

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

<p><b>AUSTRALIAN HAPKIDO ASSOCIATION PO BOX 3469 TUGGERAH NSW 2259</b></p>
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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?***

**Office Use Only**

AHA No:

Membership Paid  Insurance Paid  Admin Fee Paid  Copy Sent to AHA Secretary  Database Entry