



# JIN JUNG KWAN MARTIAL ARTS ACADEMY OF CALGARY

Canadian Headquarters for the Korea Hapkido Association of Jin Jung Kwan

## MEMBERSHIP APPLICATION FORM

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

MALE  FEMALE  ADULT (AGE 17+)  YOUTH (AGE 12-16)  QUEST (AGE 6-11)

### FOR YOUTH & QUEST STUDENTS:

MOTHER'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Do you suffer from any health conditions? \_\_\_\_\_

Do you have any other martial arts training (previous and/or present)?  Yes  No

Type of training and highest belt attained \_\_\_\_\_

### In case of emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Conditions of Membership and Release

It is agreed that all exercises and treatments, and use of all facilities shall be undertaken by the student at the student's sole risk and the Jin Jung Kwan Martial Arts Academy shall not be liable for any injuries or any damages to any student or the property of any student or be subject to any claims, demand, injury, damages, actions or cause of actions, whatsoever, including without limitation, those resulting from any acts of active or passive negligence on the part of the school.

I hereby agree to give permission to the Jin Jung Kwan Martial Arts Academy to use photographs for communication and promotion of the school and website.

I hereby remise, release, discharge, waive, indemnify and save harmless the Jin Jung Kwan Martial Arts Academy from any and all liability, costs (including without limitation legal costs on a solicitor and his own client basis), claims, damages, demands, actions and causes of actions at law, by statute and/or in equity arising as a result of any loss, damage, personal injury, death or property damage that I may suffer, directly or indirectly, as a result of my participation in, spectating and/or mere attendance at the Jin Jung Kwan Martial Arts Academy.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature (required if student is under 16)