

Walsh Martial Arts Australia Student Registration Form



I, the Applicant, seek leave of the WMAA Membership Executive to be granted student registration with Walsh Martial Arts Australia (WMAA) and agree to abide by the Rules and Regulations of WMAA.

Given name(s): _____ Surname: _____

Address: _____

Phone: _____ Email: _____

Male Female Date of Birth: / / Age: ____ Occupation: _____

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

How did you find out about Walsh Martial Arts 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 loss or damage that I may sustain in connection with my training howsoever caused (including negligence) and waive any right to claim against WMAA and any of its officers, instructors and assistant instructors in connection with such loss or damage. 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: _____

WMAA INSTRUCTORS USE ONLY	WMAA OFFICE USE ONLY
WMAA Beginners Package: <input type="checkbox"/> \$ _____	Date received: _____ On-time <input type="checkbox"/> Late <input type="checkbox"/>
First month's training fee: <input type="checkbox"/> \$ _____	Application Status: Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending <input type="checkbox"/>
Uniform: <input type="checkbox"/> Size: _____ cm \$ _____	Reason: _____
Badge (optional): <input type="checkbox"/>	
Instructor: _____	Database <input type="checkbox"/> Examination Card <input type="checkbox"/> Dobok <input type="checkbox"/> Letter <input type="checkbox"/>
Branch: _____	
State/Territory: _____	