



Martial Arts Program

To enrol in the Martial Arts program, please register your interest on Pages 1 & 2. Children are encouraged to participate in a **3 days free trial** before committing to the uniform and grading schedule. Please speak to one of our staff members on Martial Arts Duty or our Nominated Supervisor for further information.

1 Parent/Guardian Full Name

2 Parent/Guardian Email Address

3 Child's Full Name 1

Child's Full Name 2 (If applicable)

4. Do you authorise Growing Minds to Deduct \$80 for each Uniform Gi (Includes T-Shirt) (Please Circle)

Yes or No

5. Do you authorise Growing Minds to deduct \$60 every 3 Months for Grading? (Please Circle)

Yes or No

7. Do you authorise Growing Minds to assist your child/ren with changing into Uniform Gi? Two staff will always be present together in change rooms.(Please Circle)

Yes or No

Any Feedback/Comments



Eye Of The Eagle

Membership Application Form

Current
Photograph must
accompany
application

Full Name: _____

Residential Address: _____

Suburb: _____ Post Code: _____

Tel (h): (____) _____ Mobile: _____ Age: _____

Date Of Birth: ____/____/____ Occupation: _____

Parent / Guardian (to be completed if Member under 18)

Full Name: _____

Residential Address: _____

Suburb: _____ Post Code: _____

Tel (h): (____) _____ Mobile: _____

Do you suffer from any physical or mental illness, asthma, epilepsy and heart stroke? Have you had any other physical or health problems which should be disclosed to Eye Of The Eagle Martial Arts for the interests of your health and safety?

If yes, _____

I acknowledge that I agree to participate in Eye Of The Eagle Martial Arts at my own risk and that I will not hold any person responsible in any way for any personal injury that may occur during my instruction, practice, demonstration or training of the art of Eye Of The Eagle. I hereby acknowledge, in relation to personal accident/injury insurance whilst participating in the art of Eye Of The Eagle Martial Arts, I do so under Growing Minds After School Care Insurance policy.

I hereby also agree to abide by the rules /pledge of Eye Of The Eagle Martial Arts and to never misuse the art of Eye Of The Eagle Martial Arts in any way. I also understand that Eye Of The Eagle has reserved the right to disqualify my membership at any time if I am not obedient of the rules of the school or the instructions from Eye Of The Eagle Instructors.

Once the membership fees have been paid to Growing Minds in full or have placed a deposit, you will be a member of Eye Of The Eagle Martial Arts within Growing Minds After School Care. All money paid is non-refundable.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF MEMBERSHIP AND FURTHER CERTIFY THAT THE ABOVE PARTICULARS ARE TRUE AND CORRECT.

Applicant Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____ (if under 18 years of age)

Instructor Signature: _____ Date: ____/____/____