

POOMSAE TRAINING – JULY 2019



Instructors are invited to recommend students for this two-week program throughout the upcoming school holidays.

Any Instructor attending with one or more of their students trains free of charge.

Details are as follows:

DATES	Tuesday and Thursday, July 2, 4, 9 and 11
TIMES	6.00 – 8.00pm
VENUE	UNIT 5 / 9 PEEL STREET, ELTHAM
ELIGIBILITY	Blue, Red or Black Belt students
COST	\$30 PER CLASS, OR \$80 ADVANCE PAYMENT (for 8 hours / 2 weeks)
CURRICULUM	Will be designed for those members wishing to compete in Poomsae, particularly any one attending the Victorian Championships on the 28 th July. However, it will also be valuable for anyone wishing to learn / correct any of their poomsae for grading or general training. Training will include fitness and stretching exercises, and individual feedback will be provided for both technique and fitness requirements.
LEAD COACH	Greg Butterworth Greg has been the Australian Team coach for numerous teams to Europe, Asia and America, as well as the Australian Team Coach for three World Championships. He has a background in Physical Education, and has been a Taekwondo instructor for over 40 years.
ENQUIRIES	Direct to Greg on 9850 2121, or via email at mtc@taekwondo.com.au
PAYMENT	Please reserve your spot by emailing Greg. You can choose to pay casually (we understand it is a busy time of year), Or, by EFT to Manningham Taekwondo Centre BSB 013354 Account Number 454684347 Please email Greg your bank receipt upon payment
NOTE	Students MUST have the approval of their Head Instructor to attend this program. Please complete the attached application form. Your Head Instructor MUST either sign this form, or contact Greg directly to enable you to attend this program.

APPLICATION FOR JANUARY 2019 POOMSAE TRAINING PROGRAM

All applicants must be Blue, Red or Black Belt

NAME _____ D.O.B. _____

GRADING BLUE / RED / BLACK BELT _____ GUP / DAN _____

ADDRESS _____

PHONE _____ MOBILE _____

EMAIL _____

CLUB _____

HEAD INSTRUCTOR _____

Please Tick

I will be participating on July 2nd 4th 9th 11th

I wish to apply for the Poomsae Training Program, to be held on July 2, 4, 9, 11, 2019. I undertake to participate in all of the required sessions to the best of my ability. I will notify the instructors / coaches immediately should I be injured, or should anything such as illness arise to interfere with my full participation at the program. I have completed the medical report (overleaf) in full detail. I acknowledge that this information is private in nature, and will only be distributed to those coaches and officials that are working directly with me as and if required. Information on this form may, in the case of an emergency, also be shared with ambulance and/or medical personal.

SIGNED _____ DATE _____
Member

I / we support this application

SIGNED _____ DATE _____
Parent / Guardian (if under 18)

Head Instructor _____ DATE _____

This application to be returned to Greg Butterworth
via post to: 21 Mayfair Ave,
Lower Templestowe 3107

Or via email to: mtc@taekwondo.com.au

Cheques payable to MANNINGHAM TAEKWONDO CENTRE
Direct Transfer: Manningham Taekwondo Centre 013354 454684347
Send Receipt to mtc@taekwondo.com.au

Per session = \$30.00 Advance Payment (3 sessions) = \$80.00
NOTE – numbers are strictly limited and will be on a first in basis!

MEDICAL REPORT

APPLICANT'S FULL NAME

DATE OF BIRTH

FULL NAME OF EMERGENCY CONTACT (PARENT/GUARDIAN/PARTNER)

ADDRESS OF EMERGENCY CONTACT

STREET

SUBURB POSTCODE

EMERGENCY CONTACT HOME PHONE WORK / MOBILE PHONE

NAME OF FAMILY DOCTOR

ADDRESS OF FAMILY DOCTOR

STREET

SUBURB POSTCODE

DOCTOR'S PHONE

MEDICARE NUMBER

HOSPITAL INSURANCE FUND

CONTRIBUTION NUMBER

PLEASE TICK IF APPLICANT SUFFERS FROM ANY OF THE FOLLOWING:

- | | | |
|---------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Asthma (A) | <input type="checkbox"/> Blackouts (Bl) | <input type="checkbox"/> Diabetes (Db) |
| <input type="checkbox"/> Dizzy Spells (DS) | <input type="checkbox"/> Fits of any type (F) | <input type="checkbox"/> Heart Condition (H) |
| <input type="checkbox"/> High Blood Pressure (Bp) | <input type="checkbox"/> Migraine (M) | <input type="checkbox"/> Travel Sickness (TS) |
| <input type="checkbox"/> Back Injury (Bi) | <input type="checkbox"/> Joint Injury (J) | <input type="checkbox"/> Muscular Injuries (Mu) |
| <input type="checkbox"/> Neck Injury (N) | <input type="checkbox"/> Mental disability (Mt) | <input type="checkbox"/> Other (please specify) |

DETAILS

PLEASE TICK IF APPLICANT IS ALLERGIC TO ANY OF THE FOLLOWING:

- Penicillin Other Drugs Any Foods Other Allergies

DETAILS

WHAT SPECIAL CARE IS NEEDED?

IS THE APPLICANT TAKING ANY MEDICATION?

Yes No Type:

CONSENT TO MEDICAL ATTENTION

I, (print name) _____ being the Applicant/Parent/Guardian authorise the instructor in charge of training to give consent in the event of an emergency and/or where it is impractical to communicate with me, for the Applicant to receive such medical treatment as may be deemed necessary.
I also authorise the instructor to apply first-aid as required from time-to-time and to administer band-aids and paracetamol as required.

SIGNED _____ DATE _____

PRIVACY STATEMENT

This form is to be completed in full by the Applicant or by the Parent/Guardian if the Applicant is under 18 years of age.

It is essential that all known details of pre-existing injuries, allergies or other medical conditions are declared on this form.

The applicant supplies this information under the following conditions:

All information will be held in strictest confidence.

Member contact details will be used internally for team business.

Student contact details will not otherwise be shared with any third party organisations, without first contacting the student in question.

At the discretion of the Coach / Instructor, some medical information may be advised to other Instructors within the team. This will occur where it is deemed necessary that they be aware of conditions, allergies or injuries which might effect the student's performance or limit their capacity to take part in certain activities, or which may be aggravated by certain exercises.

Information on this form will also be shared with ambulance and/or medical personnel in the case of an accident or other medical emergency.