



MEMBERSHIP DOCUMENT

Student info

FIRST NAME _____ SURNAME _____

DATE OF BIRTH _____ AGE _____

Does your child suffer from any of the following (or related) problems:

Balance Co-ordination Reflex ADHD Other _____

Previous Martial Arts or other sports: _____

Parent info

STREET ADDRESS _____

CELL _____ EMAIL _____

COMPANY _____ OCCUPATION _____

The above mentioned member is admitted as a member of Ming's Martial Arts Academy. The fees are due at the beginning of each term, failing which the student will be prevented from attending classes.

The member warrants that he/she is physically fit to participate in the normal activities of the Martial Arts school and that Ming shall in no way be responsible for any injuries, accidents, damage of property or loss.

Mings Martial Arts Academy of S.A
Standard Bank. ACC NO 004398122. Jhb Branch 000205. ACC NAME: L.Ming

Please use student's full name as reference when making payments.

LEO MING 0833780468

42 years martial arts experience. 5th dan kobujustu. 3rd dan goju kai.

Give your child the opportunity to develop

Signature _____ Date _____