



**Just Kicks TaeKwonDo  
Development Centre**

**Members Medical Details Form**

**Given Name** \_\_\_\_\_ **Surname** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Marital Status** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Medicare Number** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

**Medibank Private number (If Applicable)** \_\_\_\_\_

**Family Doctor Information:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Student Information:**

**Street Address** \_\_\_\_\_

**Suburb** \_\_\_\_\_ **Post Code** \_\_\_\_\_

**Phone (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Mobile)** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Student ID Number** \_\_\_\_\_

**Next of Kin (In case of Emergency)**

**Name** \_\_\_\_\_ **Surname** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Phone (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Mobile)** \_\_\_\_\_

*Please state any medical problems/allergies that you are aware of and list any medication you are using so that this information may be supplied to medical practitioners if requested in case of emergencies*

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**Para Hills West**  
(Full Time Head Quarters)  
Unit 3 /21 Beafield Road  
Para Hills West SA 5096

**Surrey Downs**  
(Community Centre)  
6 Zanoni Crescent  
Surrey Downs SA 5126

**Smithfield Plains**  
(Munno Para Community Centre)  
182 Peachey Road  
Smithfield Plains SA 5114

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