



PLEASE COMPLETE THIS FORM FULLY IN BLOCK CAPITALS

TAE KWON DO MEMBERSHIP APPLICATION

Name:		Date of Birth:	
Address:			
	Post-Code:		
Telephone:		Email:	

Martial Arts History: (Have you ever practiced a martial art? If so, please provide details including association/instructor, grade achieved and length of training)

Criminal History: Have you ever been charged or convicted with any crime or violence?
No Yes (Please give details)

Medical History: (Do you suffer from any of the following? Please tick the box(es) provided)
Allergy(ies) Asthma Diabetes Epilepsy Haemophilia Heart Disorder Hay Fever HIV
Nervous Disorder Respiratory Disorder Joint/Skeletal Migraine Dyslexia Dyspraxia ADHD
Autism/Aspergers Sight/Hearing Other (Please give details)

I enclose with this application (as selected below): £

Tae Kwon Do Dobok (height in cm) price on enquiry

Subscriptions		Training Fees	
Annual Insurance Fee (New Member) £26.50	<input type="checkbox"/>	Monthly training fee £15 (1x session per week)	<input type="checkbox"/>
Annual Insurance Renewal Fee £21.50	<input type="checkbox"/>	Monthly training fee £25 (2x sessions per week)	<input type="checkbox"/>
		Monthly training fee £40 (Family - 2 x 2x sessions)	<input type="checkbox"/>
		Monthly training fee £48 (Family – up to 4x 2 session)	<input type="checkbox"/>

DECLARATION

I understand that the learning and practising of Tae Kwon Do may enable the practitioner to kill. I therefore hold myself responsible for my actions. I accept that the practice of any martial art/combat sport involves the risk of serious injury.

Signed: (Student aged 18 and over)	Signed: (Parent/Guardian of student aged under 18)
Dated:	

PLEASE HAND THIS FORM TO YOUR INSTRUCTOR SO THAT IT MAY BE COUNTERSIGNED

Instructor Signature:	
Name of School:	