



# United Kingdom ITF ENROLMENT FORM



Only fully completed forms will be accepted. See your instructor if you have any questions.

Membership Type: New / Renewal

First Name(s): \_\_\_\_\_

D.O.B \_\_\_\_\_

Surname: \_\_\_\_\_

Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Occupation \_\_\_\_\_

PostCode: \_\_\_\_\_

**In the event of an Emergency:**

Email: \_\_\_\_\_

Contact 1 Name: \_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_

Tel: \_\_\_\_\_

TKD School: \_\_\_\_\_

Commenced training: \_\_\_\_\_

Last Grading Taken: \_\_\_\_\_

Present Grade: \_\_\_\_\_

(Adult Beginner / Child Beginner / Generation X / ? Kup / ? Degree)

<i>Official Use Only</i>	Insurance & Membership	
Fee Received & Date:	£ : / /	
Inst Signature:		

I HEAREBY PLEDGE TO ABIDE BY THE RULES AND REGULATIONS OF THE ASSOCIATION

- All rules and regulations as laid down by the UK ITF and Associated schools.
- That the instructor has the right to withhold tuition at their discretion or if I violate the code of the UK ITF.
- I hold myself solely responsible for any injury I may sustain in the course of my training / grading.
- I agree not to misuse the knowledge I will gain through my training in TaeKwon-Do.

### MEDICAL INFORMATION

Please tick if you suffer from any of the following:    Asthma     Diabetes     Epilepsy

Are there any other medical details you feel we should know about?

Please tick if you give consent for emergency medical treatment to be administered

*I have read, and fully understand, and therefore agree to all of the above stated conditions.*

*To be counter signed by parent or guardian if applicant is under 18 years of age.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian  
Signature \_\_\_\_\_

Date: \_\_\_\_\_