



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: _____

Height: _____

Address: _____

Nationality: _____

Male/Female: _____

Occupation _____

PostCode: _____

Email: _____

Tel: _____

Mobile: _____

TKD School: _____

Commenced training _____

Last grading taken _____

Present Grade _____

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

Emergency Contact Details	
Name	_____
Relationship to child	_____
Mobile	_____
Home/Work	_____

Official Use Only	Insurance & Membership	
Fee Received & Date:	£ : _____	/ / _____
Inst Signature:	_____	

Where did you hear about us? _____

The Disability Discrimination Act 1995 defines a disabled person as anyone with "a physical or mental impairment that has substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities".

Do you consider the young person to have a disability? Yes No

If yes, what is the nature of the disability?

VI	Visual impairment	<input type="checkbox"/>	HI	Hearing impairment	<input type="checkbox"/>	PD	Physical disability	<input type="checkbox"/>
LD	Learning disability	<input type="checkbox"/>	MD	Multiple disability	<input type="checkbox"/>	O	Other (please specify)	

What is your ethnic group? Please **TICK** the most appropriate from the section below:-

W White

W1 British

W2 Irish

W3 Any other white background (please specify) _____

D Dual

D1 White and Black Caribbean

D2 White and Black African

D3 White and Asian

D4 Any other mixed background (please specify) _____

A Asian or British Asian

A1 Indian

A2 Pakistani

A3 Bangladeshi

A4 Any other Asian background (please specify) _____

B Black or Black British

B1 Caribbean

B2 African

B3 Any other Black background (please specify) _____

C Chinese or other ethnic group

C1 Chinese

C2 Any other (please specify) _____

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 am aware that photographs will be taken during the Tae Kwon Do training/events for promotional purposes, and give consent for my child to feature in such photos. (Please tick)

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

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

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: _____