



UK TAEKWON-DO ASSOCIATION

PO Box 24,
Crawley, RH10 4ZH,
Phone +44 (0) 845 129 7158
Email officemanager@ukta.com
www.ukta.com



Please carefully complete the form below, ensuring that ALL fields are completed.

Dear UK Taekwon-Do Association President,

I hereby apply for annual membership of the UK Taekwon-Do Association. My details are as follows:-

First Name: <input type="text"/>	Family Name: <input type="text"/>	<p>3 RECENT PHOTOGRAPHS</p> <p>Glue one here and give the other two to your Instructor</p> <p>NOT REQUIRED FOR RENEWAL</p>
Address: <input type="text"/>	<input type="text"/>	
	Post Code: <input type="text"/>	
Telephone Number: <input type="text"/>		
Mobile Number: <input type="text"/>	E-mail: <input type="text"/>	
Occupation: <input type="text"/>		
Nationality: <input type="text"/>	Date of Birth: <input type="text"/>	
Gender: <input type="text"/>		

CONSENT TO RISKS.

I have watched the Art being taught and I understand that there may be some significant risks in learning Taekwon-Do. I acknowledge that I must always be responsible for safeguarding my own well-being and will therefore never attempt any practices or techniques that I do not fully understand. I confirm that I must always tell my Instructor of any illness or other conditions that may affect the training or well-being of myself or any other person and that currently there are no reasons why I cannot learn Taekwon-Do. I agree to comply with all of the Rules and Regulations of the UK Taekwon-Do Association if I am accepted as a member and as a condition of acceptance I agree not to hold the UK Taekwon-Do Association or any of their Instructors or students liable for any injury that I may sustain whilst practising the Art. The UK Taekwon-Do Association reserve the right to refuse membership without explanation

Applicants / Parental Signature: <input type="text"/>	Date: <input type="text"/>
<i>A Parent or Guardian must sign if the applicant is under 16.</i>	
This is a new Application: <input type="checkbox"/>	This is a Licence renewal and my details are shown below: <input type="checkbox"/>
UKTA Licence Number: <input type="text"/>	Current Grade: <input type="text"/>
Date of last grading: <input type="text"/>	Last Examiner was: <input type="text"/>

TO BE COMPLETED BY THE INSTRUCTOR

I hereby confirm that I have read the details on this application and to the best of my knowledge they are all correct.

Instructors Signature: TKD School:

FOR OFFICIAL USE ONLY

지식에 대한 열정인내를 통한 성공

President GRAND MASTER JOHN F. WILLIAMSON Members of the INTERNATIONAL TAEKWON-DO FEDERATION and BRITISH TAEKWON-DO COUNCIL

Wirral UKTA Taekwon-do & Liverpool ITF

Name of student	
Name of parent / guardian if student is under 16	

All contact is by email so **please provide us with an email** address overleaf. It **should not be that of a child.**

Emergency contact person, name & number (Who should be contacted if there is an incident/accident)

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Medical information: Please give any medical information instructors should be aware of (e.g. epilepsy, asthma, etc.)

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Email instructor with further details if necessary

Have you taken part in a Martial Art before? No Yes (please give details below)

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How did you find out about us?

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Why did you choose us? Locality Cost Training times Reputation Other

Signature (parent/guardian if under 16):	Date:
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Consent for taking and using photographs

We sometimes take photographs of students in a group, or in class, and use them in various ways, to comply with the General Data Protection Regulations we require your consent for the use of such photos.

Please tick the relevant boxes:

I am happy for my photo to be taken in a group or in class	
I am happy for my photo to be used on the website	
I am happy for my photo to be used on promotional material (leaflets/ flyers)	
I am happy for my photo to be used on internal displays within club premises	
I am happy for my photo to be posted on social media	
In the cases of the above ticked boxes, I am happy for my first name to be used. (We would never use your full name without further consent)	
In the cases of the above boxes ticked, I do not want even my 1 st name to be used	
I am not happy for my photo to be taken or used in any way	

If you change your mind at any time, let us know by email: instructor@wirraltaekwondo.com

Signature of student 16+ (parent / guardian if under 16)	Date:
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In the case of children, we would like the permission of the child as well as the parent/ guardian so parents please ask your child (all ages) to sign below to say that they also agree to the above use of their photos.

Signature of child under 16:	Date:
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