



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: _____