



# 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:** \_\_\_\_\_

### Emergency Contact Details

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

**Name:** \_\_\_\_\_

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

**Relationship to child:** \_\_\_\_\_

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

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

**Commenced training** \_\_\_\_\_

**Home/Work:** \_\_\_\_\_

**Last grading taken** \_\_\_\_\_

**Present Grade** \_\_\_\_\_

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

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

**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"/>	M D	Multiple disability	<input type="checkbox"/>	O	Other (please specify)	

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

<b>W White</b>	<input type="checkbox"/> W1 British	<input type="checkbox"/> W2 Irish
W3 Any other white background (please specify) _____		
<b>D Dual</b>	<input type="checkbox"/> D1 White and Black Caribbean	
<input type="checkbox"/> D2 White and Black African	<input type="checkbox"/> D3 White and Asian	
D4 Any other mixed background (please specify) _____		
<b>A Asian or British Asian</b>	<input type="checkbox"/> A1 Indian	
<input type="checkbox"/> A2 Pakistani	<input type="checkbox"/> A3 Bangladeshi	
A4 Any other Asian background (please specify) _____		
<b>B Black or Black British</b>		
<input type="checkbox"/> B1 Caribbean	<input type="checkbox"/> B2 African	
B3 Any other Black background (please specify) _____		
<b>C Chinese or other ethnic group</b>	<input type="checkbox"/> 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: \_\_\_\_\_