



# APPLICATION FORM TAE KWON-DO



Mr / Mrs / Miss		TKD School	
Forename		Surname	
Address		Date of Birth	
		Telephone	
		EMail	
Postcode		Occupation	

Date training commenced	
How did you hear about the club?	

### Next of Kin or person to be contacted in the case of an emergency

Name		Address	
Telephone		Postcode	

I understand that there may be a risk in the learning and in the practise of Tae Kwon-Do by which it is possible to cause injuries. In joining the above named school, I hereby absolve the said school, the instructors and all students of the said school from any liability for any loss or injury, which I may sustain while practising, being taught, or competing in Tae Kwon-Do. I clearly understand that my participation in Tae Kwon-Do is entirely at my own risk. I further undertake to abide by the rules and regulations of the said school if I am accepted as a student.

I hereby guarantee that I do not have a criminal record other than traffic offences. (Otherwise such will be divulged by me.)

<b>Signed</b> (or parent / Guardian)		<b>Date</b>	
<b>Signed</b> (Witness where applicable)		<b>Date</b>	

NOTE 1. If applicant is under 18 years, this document must be signed by the parent or guardian, in the presence of a club official.

NOTE 2. This agreement may be terminated at any time.

CARD		PROG	
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