



# GLOBAL TAEKWON-DO UNITED KINGDOM

FULL MEMBER OF THE BRITISH TAEKWON DO COUNCIL SUPPORTED BY THE SPORTS COUNCIL



## ANNUAL INSURANCE / MEMBERSHIP APPLICATION FORM

**IMPORTANT:** Please note the GTUK Administration Office TEL No: 01926 400414  
If insurance / licence booklet is not returned to you personally within 14 DAYS please contact immediately

### PART 1 (APPLICANT ONLY)

|   |   |   |                               |
|---|---|---|-------------------------------|
| <b>INITIAL</b>  | <b>SURNAME</b>                            | <b>Date of Application</b>                                  | <b>Training Commence Date</b> |
| <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/> | ___/___/___   | ___/___/___                   |
| <b>FULL ADDRESS</b>   |   | <b>DATE OF BIRTH</b>  |                               |
| <input style="width: 100%;" type="text"/>   |   | <input style="width: 100%;" type="text"/>                   |                               |
| <input style="width: 100%;" type="text"/>   |   | <input style="width: 100%;" type="text"/>                   |                               |
| <input style="width: 100%;" type="text"/>   |   | <input style="width: 100%;" type="text"/>                   |                               |
| <b>POST CODE (Please Complete)</b>  |   | <b>Full Phone Number/s</b>                                  |                               |
| <input style="width: 100%;" type="text"/>   |   | Land: _____   |                               |
|   |   | Mobile: _____   |                               |
|   |   | <b>Full E-Mail Address!</b><br>(Important) Instructors Only |                               |
|   |   | <input style="width: 100%;" type="text"/>                   |                               |
| <p>Do you suffer from any illness, disease or any other mental or physical disorder, which might become aggravated by the practice of Taekwon-do which might expose you or others to risk?</p> <p><b>YES / NO</b><br/>(If Yes give details)</p> |   |   |                               |

**Signature of Applicant / Parent or Guardian (Parent or Guardian to sign if applicant under 18 years)**

X \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_

### PART 2 (INSTRUCTORS ONLY)

|   |   |   |                          |
|---|---|---|--------------------------|
| <b>CLUB NAME</b>                          | <b>STUDENTS LAST NAME</b>                 | <b>NEW MEMBER (TICK)</b>  | <b>RENEWAL (TICK)</b>    |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| <b>Date of Application:</b> ___/___/___   |   | <small>If renewal is later than said expiry date the full fee must be sent to be a member</small> | <b>BLACK BELT (TICK)</b> |
|   |   |   | <input type="checkbox"/> |

**Signature of Instructor OR Club Secretary (Ensure form is 'Fully' Completed)** X \_\_\_\_\_

### PART 3 (ADMINISTRATION ONLY)

|   |   |   |
|---|---|---|
| <b>BTC NO:</b>  | <b>REGISTRATION DATE:</b>                 | <b>EXPIRY DATE:</b>                       |
| <input style="width: 100%;" type="text"/>               | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <b>ADMINISTRATION COMMENTS:-</b>                        |   |   |
| <input style="width: 100%; height: 40px;" type="text"/> |   |   |