



T-UK



ANNUAL INSURANCE / MEMBERSHIP APPLICATION FORM

IMPORTANT: Please note the Taekwon-Do UK Administration Office TEL No: 01555 751721
If insurance / licence booklet is not returned to you personally within 21 DAYS please contact immediately

PART 1 (APPLICANT ONLY) PLEASE FILL OUT FULLY & CAREFULLY

<p>First Name</p> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <p>Surname</p> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <p>If you are happy for you/your child to be included in photographs associated with Taekwon-Do Please sign</p> <p>If you are happy for us to contact you via email/text/App regarding Taekwon-Do Please sign</p> <p>T-UK is fully GDPR compliant and any information will be stored as per T-UK's GDPR Policy (25/05/2018)</p> <p>Do you suffer from any illnesses, allergies, diseases or any other mental or physical disorders which might become aggravated by the practice of Taekwon-Do, exposing yourself or others to risk? T-UK must be notified of any changes of medical conditions within the insurance period (1 year)</p> <p>YES / NO (If yes please give details, attaching a sheet if required)</p>																																									<p>Date of Application</p> <p>...../...../.....</p>	<p>Training Commence Date:</p> <p>...../...../.....</p>
		<p>Date of Birth</p> <p>...../...../.....</p>																																								
		<p>Phone Numbers</p> <p>Land:</p> <p>Mobile:</p>																																								
		<p>E-Mail Address</p> <p>.....</p>																																								

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

X _____ **DATE:** ____/____/____

PART 2 (INSTRUCTORS ONLY)

<p>Students Name</p> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <p>Club Name</p> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																																									<p>Date of Application</p> <p>...../...../.....</p>	<p>New Member <input type="checkbox"/></p> <p>Renewal <input type="checkbox"/></p> <p>Black Belt <input type="checkbox"/></p>

Signature of Instructor OR Club Secretary (Ensure form is 'Fully' Completed) X _____

PART 3 (ADMINISTRATION ONLY)

<p>License Number: T-UK.....</p>	<p>Start Date</p> <p>...../...../.....</p>	<p>Expiry Date</p> <p>...../...../.....</p>
<p>Administration Comments:</p>		