

TAEKWONDO SCHOOLS OF EXCELLENCE



New application / renewal for the TKDSOE membership and insurance

Surname:

Forenames:

Address:

.....

..... Postcode:

Telephone Number:

Email address:

Date of Birth:

Club:

Name of your instructor:

TKDSOE Licence number (renewals only): Expiry date:

.....

Have you practised martial arts before? Yes/No

If yes, please give details:

.....

Have you ever been convicted of a criminal offence? Yes/No

If yes, please give details:

Do you suffer from any of the following medical conditions? If yes please circle the condition and give further details on the back of the form.

- | | | |
|-----------------|-----------------|---|
| HAEMOPHILIA | EPLILEPSY | NERVOUS SYSTEM DISORDERS |
| HEPATITIS | DIABETES | PSYCHOLOGICAL DISCORDERS |
| HIV/AIDS | HEART DISORDERS | RESPIRATORY DISORDERS
(e.g. Asthma, Hay Fever, etc.) |
| BLOOD DISORDERS | OTHER | |

I confirm that my instructor has explained to me the training methods used in martial arts. I accept that the practice of martial arts involves the risk of injury.

Applicant's signature: Date:

Parent/Guardian's declaration (to be completed for all applicants under 18 years of age):

I confirm that I consent to the above application and that I have been informed of the nature and potential risks of martial arts training by the club instructor.

Parent/Guardian's signature: Date:

TKDSOE RESERVES THE RIGHT TO REFUSE THIS APPLICATION

