



UNITED KINGDOM ITF Enrolment Form

Membership Type:	New / Renewal	Surname:	
First Name(s):		Date of Birth:	
Nationality:		Height:	
Address:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Postcode:		Occupation / School / College:	
Email:			
Telephone:		Emergency Contact Details	
Mobile:		Name:	
TKD School:		Relationship to Student:	
Training commenced:	___ / ___ / _____	Mobile:	
Last grading:	___ / ___ / _____	Home / Work:	
Present grade: <i>(circle & detail as relevant)</i>	Adult Beginner/Child Beginner/ Generation X/ ___ Kup/ ___ Degree	Official Use Only	Insurance & Membership
How did you hear about us?	Internet search / Website / Social Media / Advertisement / Word of mouth	Fee Received:	£
		Date:	

Disability	
Under the Equality Act 2010 disability is described as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to do normal daily activities.	
Do you consider yourself/the young person to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the nature of the disability?	
Physical / Sensory:	
Visual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Physical disability <input type="checkbox"/> Mobility <input type="checkbox"/> Dexterity <input type="checkbox"/>	
Learning and Autism / Aspergers:	
Autism <input type="checkbox"/> Aspergers <input type="checkbox"/> Memory <input type="checkbox"/> Social / Behavioural <input type="checkbox"/> Learning / Understanding / Concentrating <input type="checkbox"/>	
Other: (please specify)	Prefer not to say <input type="checkbox"/>
Medical:	
Do you/Does the child suffer from any of the following illnesses / conditions:	
Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Mental Health <input type="checkbox"/> Allergies <input type="checkbox"/>	
Please give more details, if relevant, or are there any other medical details you feel we should know about:	
Please tick box if you give consent for emergency medical treatment to be administered <input type="checkbox"/>	

Physical Activity	
In the past <u>4 weeks</u> , on how many <u>days</u> have you/your child (outside of curriculum time) done 30 minutes or more of sport and/or physical activity)	
None <input type="checkbox"/>	1-2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> More than 5 days <input type="checkbox"/>

Ethnicity				
White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other White <input type="checkbox"/>	
Mixed	White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Other Mixed <input type="checkbox"/>
Asian or Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Asian <input type="checkbox"/>
Black or Black British	Black Caribbean <input type="checkbox"/>	Black African <input type="checkbox"/>	Other Black <input type="checkbox"/>	
Chinese or other ethnic groups	Chinese <input type="checkbox"/>	Other ethnic group <input type="checkbox"/>		

Photography
I am aware that photographs will be taken during UK ITF Taekwon-Do training / event, which may be used for promotional purposes in a variety of media:
I give consent to my/my child's photographs featuring in such media <input type="checkbox"/>
I do NOT consent to my/my child's photographs featuring in such media <input type="checkbox"/>

UK ITF Taekwon-Do Rules and Regulations

- I confirm that I/and my child are aware of and understand, the BTC Code of Conduct and Ethics, local Safeguarding arrangements and our shared responsibility with the club instructor and members in maintaining a safe environment in the Taekwon-Do dojang
- I confirm that I/and my child are aware of and understand the Tenets of Taekwon-Do and the Student Oath
- I confirm that I/and my child are aware that the instructor may withhold training if UK ITF membership and insurance is not current (renewable annually on the anniversary of the date of this form) and/or training fees are unpaid
- I confirm that I understand that I can cancel this membership at any time, that annual membership fees are non-refundable, that training fees are not subject to a contract term or direct debit and it is my responsibility to advise my bank to cancel any standing order mandate
- I will advise the club instructor/UK ITF Administration if any of the personal or medical details provided above should change

Signature	Date	Parent/Carer Signature	Date	Instructor Signature	Date

Data Protection

- UK ITF adhere to the principles of the Data Protection Act and manage information in line with best practice guidelines.
- UK ITF may, from time to time, issue reminders and news updates by way of SMS or email. If you do not wish to receive information in this way, please tick the box