



MEMBERSHIP APPLICATION FORM

FOR MEMBERSHIP OF THE BRITISH UNITED TAEKWON-DO FEDERATION

TO THE EXECUTIVE :

PART 1 : APPLICANT'S DETAILS

PLEASE COMPLETE IN BLOCK CAPITAL USING BLACK INK

SURNAME		DATE OF BIRTH			/			/		
FORENAMES		NATIONALITY								
SEX (M/F)		STATUS (MARRIED etc.)								

ADDRESS										
	POST CODE									

OCCUPATION										
EMPLOYED BY										

DO YOU HAVE A CRIMINAL RECORD ? (Y/N)		IF 'YES', BRIEF DETAILS :								
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HAVE YOU EVER BEEN A MEMBER OF ANY OTHER TAEKWON-DO OR SELF DEFENCE ORGANISATION? (Y/N)																			
CLUB NAME					INSTRUCTOR					GRADE									
ADDRESS																			
GRADE ON LEAVING		DATE OF JOINING			/			/			DATE OF LEAVING			/			/		
REASON FOR LEAVING																			

PART 2 : CONSENT TO RISK

I UNDERSTAND THAT THE LEARNING AND PRACTISING OF TAEKWON-DO AS A MARTIAL ART MAY ENABLE THE PRACTITIONER TO KILL. I THEREFORE ACCEPT RESPONSIBILITY FOR MY OWN ACTIONS. I HAVE WATCHED THE ART BEING TAUGHT AND ACCEPT THAT AS IN ALL FORMS OF MARTIAL ARTS TRAINING, A CERTAIN AMOUNT OF RISK OF INJURY IS INVOLVED. FURTHERMORE, I AGREE TO ABIDE BY THE FEDERATION'S CHARTER OF OPERATIONS IF I AM ACCEPTED AS A MEMBER.

I AM MEDICALLY FIT TO PARTICIPATE.

APPLICANTS SIGNATURE



	DATE			/			/			START DATE			/			/		
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PARENT/GURDIANS SIGNATURE FOR APPLICANTS UNDER 18 YEARS

	PRINT NAME																	
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PART 3 : INSTRUCTORS USE ONLY

SCHOOL																				
INSTRUCTORS NAME											DAN									

I PROPOSE AND ENDORSE THIS APPLICATION FOR MEMBERSHIP BY THE ABOVE APPLICANT

SIGNATURE																			
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