**ITF SCOTLAND**

**Annual Membership / Insurance Form**

**IMPORTANT: Please note the ITF Scotland Administration office TEL 01555 751721**

**PART 1 (to be filled by applicant)**

FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SURNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_

FULL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POST CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOWN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE No \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRAINING COMMENCE DATE \_\_\_\_ / \_\_\_\_/ \_\_\_\_\_\_\_\_

**Do you suffer from any illness, disease or any other mental or physical disorder, which might become aggravated by the practice of Taekwon-Do, exposing yourself or others to risk? YES / NO (if yes , please give details, attaching sheet if required)**

**I do not want my information to be submitted to Sport Scotland (National agency for Sport) (please tick)**

**I wish for child and /or myself to participate in Taekwon-Do. I fully recognize and understand that there are risks and hazards, minor and serious accidents associated with the participation of Taekwon-Do. I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to my person whilst participating in Taekwon-Do. I hereby agree to be solely responsible for my and /or my childs own health and safety.**

**I have read, understood and agree to the terms of this application**

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

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

**PART 2 (Instructors only)**

STUDENTS NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NEW MEMBER

CLUB NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RENEWAL

INSTRUCTORS SIGNATURE X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BLACKBELT