





# **STUDENT LICENCE APPLICATION / RENEWAL**

## PLEASE USE **BLOCK** CAPITALS AND COMPLETE **EVERY** FIELD

Please print out and bring completed form along to your first class, or scan/photo and email to [richard@surreytaekwondo.com](mailto:richard@surreytaekwondo.com)

### FAMILY NAME: …………………………………..… FIRST NAMES: ………………………….………………………..

TITLE: MR/MRS/MS/DOCTOR etc …………..……….… D.O.B ………………………...………………. AGE ……………

HOUSE NUMBER/NAME …………………………. STREET………………………………………………………..…..

TOWN/CITY…………………………………….…… COUNTY………………………………………………....………..

POSTCODE ………………………………………… HOME PHONE ……………………………………………………

MOBILE ……………………………………......…… EMAIL *…………….*…….…………………………….….………..

BTC LICENCE No. *(Renewal Only)* …………………….…………………… EXPIRY DATE …………………………

TKD ACADEMY / SCHOOL …………………… GRADE …………….… (KUP / DAN)

***Tick one box only*** NEW ❑ RENEWAL ❑ LATE RENEWAL\* ❑ (*\*Late renewal penalty fee enclosed)*

YOU MUST DECLARE IF YOU SUFFER FROM ANY OF THE FOLLOWING (*Tick box if yes)*

Heart Disorders ❑Asthma ❑Migraine ❑Hemophilia ❑Dyslexia ❑

Diabetes ❑Epilepsy ❑Nervous Disorders ❑Learning Difficulties (ADHD etc.) ❑

Other Disabilities / Injuries: …………………………………….………………………………………………..………….

……………………………………………………………….……………….…… *(Continue on the back* *of this form If necessary)*

**MEDICAL DISCLAIMER:** I confirm that currently I do not have any illness or other conditions that may affect the training or wellbeing of myself or any other person. Also that I will immediately tell my Instructor if any develop at any time in the future. I agree that I must always be responsible for safeguarding the well being of myself and others. I will therefore never attempt any techniques or moves that I do not fully understand.

**PHOTOGRAPHY DISCLAIMER:** I understand that the British Taekwon-Do Federation (BTF) and its individual Instructors may at times make use of photographic images of BTF members for the promotion and/or teaching of Taekwon-Do.

**I agree to abide by the rules and regulations of the British Taekwon-Do Federation as well as its individual Schools and Instructors, and understand that Martial Arts practice can carry a risk of injury.**

**MEMBER’S SIGNATURE (**Parent or guardian if under 18) …...….……………………………………………..…… **DATE** ………….…...…………

**INSTRUCTOR’S SIGNATURE** ……………………………………………………………………...………………..….. **DATE** …………………………

**NB. Alliance TKD membership is inclusive to student liability insurance which is obligatory by law.**

***FOR OFFICIAL USE ONLY:***

*Date Received: ........................................... Student No: ...........................................*

*Processed By: ............................................. BTC No: ................................................*