

# **LICENCE APPLICATION/RENEWAL**

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

### SURNAME: ……………………………… FIRST NAMES: …..…………………….………………………..

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

HOUSE NUMBER……………………… STREET………………………………………………………..…..

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

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

MOBILE……….………………………….. E-MAIL *…….*……………………………………….……………..

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

CURRENT GRADE……………….…(KUP / DAN)

***Tick one box only*** NEW ❑ RENEWAL ❑ LATE RENEWAL\* ❑ (£5 *late renewal penalty fee enclosed)*

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

Heart Disorders ❑Asthma ❑ Migraine ❑ Hemophilia ❑ Dyslexia ❑

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

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

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

**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.
* I confirm that I will immediately tell my Instructor if any illness or other condition develops 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 Hall Family Taekwondo (Hall TKD) and its individual Instructors may at times make use of photographic images of Hall TKD members for the promotion and/or teaching of Taekwon-Do.

**I agree to abide by the rules and regulations of the Hall Family Taekwondo as well as its individual Schools and Instructors, and understand that Martial Arts practice can carry a risk of injury.**

**MEMBERS SIGNATURE**……………………………………………..…………(PARENTS IF UNDER 18)…...….**DATE**……………………

**INSTRUCTORS SIGNATURE**…………………………………………………………………….………………..…..**DATE**……………………

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

***FOR OFFICIAL USE ONLY:***

*Date Received: ......................... Licence No. Issued ...............................*

*Payment Received:.............. Expiry Date..................................* ***HTKD1***