

WYRE FOREST TAEKWONDO

ENROLLMENT/LICENSE RENEWAL FORM



Please circle: NEW APPLICATION / RENEWAL / RE-STARTING / LOST DETAILS

TAGB SCHOOL NAME:

PREVIOUS TAGB SCHOOL:

PREVIOUS ID No:

LICENCE ID No:

EXPIRY DATE:

GRADE:

KUP/DAN:

AGE GROUP: SENIOR / JUNIOR (under 16 years)

GENDER: MALE / FEMALE

DO YOU SUFFER FROM ANY OF THE FOLLOWING: (TICK IF YES) HEART DISORDER / ASTHMA / MIGRAINE / EPILEPSY / DIABETES / NERVOUS DISORDER / HAEMOPHILIA / HAY FEVER / OTHER: _____

DO YOU HAVE ANY PHYSICAL INJURIES OR DISABILITIES: YES / NO

If YES please give details _____

DATE COMMENCED TRAINING:

DATE OF LAST GRADING:

FORENAMES:

SURNAME:

ADDRESS:

POSTCODE:

PHONE:

EMAIL:

OCCUPATION:

DATE OF BIRTH:

HAVE YOU BEEN SHOWN YOUR INSURANCE DETAILS: YES / NO

HAVE YOU BEEN SHOWN OUR PRIVACY POLICY: YES / NO

Declaration & Privacy Statement

I understand that there is an inherent risk of physical injury in the practice and learning of a contact sport such as Tae Kwon-Do. Whilst the T.A.G.B. Association schools and Instructor will take all reasonable steps to minimise the likelihood of an accident, the risk of physical injury cannot be eliminated. There is particular risk in the context of competitions and grading exercises, which by their nature are likely to result in an individual approaching and potentially exceeding the limits of their skills and physical ability. The acceptance of an individual's application to participate in a competition or to undertake a grading exercise does not constitute and should not be considered as constituting any form of confirmation or assurance by the T.A.G.B. Association Schools or Instructors to the effect that an individual has the necessary skill or physical ability to safely complete such competition or grading exercise, it being the individual's sole responsibility to judge such matters for themselves. Should an individual have any doubt whatsoever as to their ability to safely complete any exercise in the context of a competition, grading exercise or otherwise it is the responsibility of the individual to withdraw from the same. The T.A.G.B. Association Schools and Instructors accept no liability for injuries sustained in the course of practicing and learning Tae Kwon-Do save for injuries attributed to negligence of the T.A.G.B Association Schools and Instructors. Insurance in respect of such risks is included in the annual membership. In signing this declaration, I accept the above recited disclaimer of liability and also agree to abide by the rules of the T.A.G.B. as amended from time to time should I be accepted as a member. Please note: that your data is only used for membership purposes and is never supplied to any third parties without your express consent. Whilst you remain a member, this information will only be used to communicate T.A.G.B. and your area Tae Kwon-Do matters. If you do not wish to remain a member of the T.A.G.B. then this data will be deleted from our files one year after your membership expires. If you wish to view or amend any information we hold on file then please apply in writing to your T.A.G.B. School Instructor.

APPLICANT SIGNATURE _____ Date: _____

(Parents if under 18 years) _____ Date: _____