

United Taekwon-Do Federation (Scotland)

Annual Membership / Insurance Application Form

PLEASE COMPLETE PART 1 USING BLOCK CAPITALS

PART 1 (APPLICANT ONLY)

(Mr/Miss/Mrs):	Forename:	Surname:	Date Of Application:	
			Date Training Commenced:	
Address:			Date Of Birth:	
			Home Telephone No.:	
			Mobile Telephone No.:	
Postcode:				
E-mail Address:				
Do you suffer from any illness, disease, or any other mental or physical disorder which might be or become aggravated by the practice of TaeKwon-Do - which might expose you or others to risk. ?				
YES / NO (If YES, please give details)				
Signature of Applicant / Parent / Guardian				

PART 2 (INSTRUCTORS ONLY)

Club Name:	Satellite:	Student Name:	New:	Renewal:
Date Of Application:		BLACK BELT (Please Tick)		
INSTRUCTOR'S SIGNATURE (Only If PART 1 Is Correct)				

PART 3 (ADMINISTRATION USE ONLY)

S.L.A. Number:	S.L.A. Expiry Date:
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IMPORTANT

NEW STUDENTS: Please return this form to your instructor within 1 month of starting training.

EXISTING STUDENTS: Please return this form prior to your existing license expiry date.

Fee	Paid ?
£28	