



# LICENCE APPLICATION/RENEWAL

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

FAMILY NAME: ..... FIRST NAMES: .....

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

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

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

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

MOBILE..... E-MAIL .....

BTC LICENCE No. (if known) ..... EXPIRY DATE.....

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

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

**Tick one box only** Bank Transfer  Reference \_\_\_\_\_ GoCardless (DD)  Cash

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

Heart Disorders  Asthma  Migraine  Hemophilia  Epilepsy  Diabetes  Nervous Disorders

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. 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.

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

INSTRUCTORS SIGNATURE.....DATE.....

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

<b><u>FOR OFFICIAL USE ONLY:</u></b>	
Date Received: .....	Student No. Issued .....
Processed By:.....	BTC No. Issued .....

**IMPORTANT:** This form must be completed prior to commencing training.

**FORM BTF-1**