



# ManchesterTKD

Authentic Since 1985



## Membership and Medical Form

Surname \_\_\_\_\_

Other Names \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender Male / Female

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Medical History \_\_\_\_\_

(Asthma, \_\_\_\_\_

Allergies etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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I understand that there may be some significant risks in learning TaeKwon-Do. I acknowledge that I must always be responsible for safeguarding my own well being and will therefore never attempt any practices or techniques that I do not fully understand. I confirm that I must always tell my Instructor(s) of any illness or other conditions that may affect the training or well being of myself or any other person at the school. Also I must inform the instructor(s) that currently there are no reasons why I cannot learn TaeKwon-Do. I agree to comply with all of the Rules and Regulations of the UKTA and ManchesterTKD. As a member I agree not to hold the United Kingdom TaeKwon-Do Association (UKTA) or any of their Instructors or students liable for any injury that I may sustain whilst practising the Art.

Whilst training at the school and representing the school at courses, seminars, competitions, gradings and demonstrations photographs may be taken and I agree to their use on both the ManchesterTKD website and any literature the school may use in regards to promotion of the Art.

However, should I require a photo not to be used I am within my right to request its removal from the ManchesterTKD website. ([www.manchestertkd.co.uk](http://www.manchestertkd.co.uk))

I agree to all of the above

Signature \_\_\_\_\_

A Parent or Guardian must sign if the applicant is under the age of 16

Print \_\_\_\_\_

Date \_\_\_\_\_