

ABTKD membership form

Please complete all sections and use clear print in block capitals

Student name:

Address:

Date of birth:

Email address (of parent/guardian if student is under 18):

Telephone number:

In Case of Emergency

Contact 1

Name:

Tel:

Contact 2

Name:

Tel:

Do you have any disabilities, health problems or long term injuries?

If so, please give details:

I do / I do not (delete as applicable)

give permission for the image of the above named member to appear in promotional material for Anthony Brennan Tae Kwon-Do and the Tae Kwon-Do Association of Great Britain

Signing this form confirms that you have read the rules of the club.
(Parent/guardian if under 18 years)

Sign:

Print:

Date: