





# **STUDENT 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. *(Renewal Only)* ……………………… EXPIRY DATE…………………………………

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

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

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

Heart Disorders ❑Asthma ❑ Migraine ❑ Hemophilia ❑ Dyslexia ❑

Diabetes ❑ Epilepsy ❑ Nervous Disorders ❑ Learning Difficulties (ADHD Etc.) ❑

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.**

***FOR OFFICIAL USE ONLY:***

*Date Received: .......................... Student No. Issued ...............................*

*Processed By:............................ BTC No. Issued .....................................*