

BRITISH TAEKWONDO CONTROL BOARD (WTF)

INDIVIDUAL MEMBERSHIP APPLICATION FORM

FEB08

**ALL boxes MUST BE completed in BLOCK CAPITALS.
INSURANCE IS NOT GRANTED IF ANY BOX IS LEFT BLANK**

PREVIOUS LICENCE HISTORY

Applicants RENEWING their licence **MUST** complete this box.

| | | | | |
|----------------------|----------|--------|--------|--|
| BTCB Membership No. | M | | | |
| BTC Licence No | A | | | |
| Club No (Inc branch) | Area No. | Number | Branch | |
| | | | | |
| Expiry Date | D | M | Y | |

PERSONAL INFORMATION

| | | | | |
|-----------------------|---------------------------------|---|---------------------------------|----------------------|
| Surname | | | | |
| Forename | | | | |
| Address | | | | |
| Address | | | | |
| Address | | | | |
| Town | | | | |
| County | | | | |
| Post Code | | | | |
| Tel No (home) | | | | Tick if ex directory |
| Tel No. (mobile) | | | | |
| E Mail | | | | |
| Occupation | | | | |
| Birth Date | D | M | Y | |
| Nationality | | | | |
| Med Con or Disability | | | | |
| Status Tick One | Instructor | | Student | |
| Gender Tick One | Male | | Female | |
| Grade | Kup i.e. 3 rd Kup | | Dan i.e. 3 rd Dan | |
| Last Grading Date | D | M | Y | |
| Examiner Name | | | | |
| Examiner Grade | | | | |
| Cert No | BTCB | | KUKKIWON | |

LICENCE AND GRADING RECORD BOOK

You must receive the licence Book within 6 weeks of application. The Licence fee includes insurance. Ask to see the Schedule of Insurance. If you wish to make a claim under the BTCB Accident and Public Liability Insurance Policy you must notify Membership Services in writing within 14 days of the accident occurring. *Failure to do so may result in claim rejection.*

KUP CERTIFICATES

Members are awarded a BTCB certificate when they have passed a Kup or Dan grading. No other certificate is permitted

MEDICAL DISORDERS

Applicants who suffer from any medical disorder must attach to this form a letter from their doctor confirming that they are fit to practice Taekwondo. *Failure to do so may invalidate insurance cover.*

PERSONAL CONTACT

Applicants should be aware that from time to time it might be necessary for the Instructor to make physical contact with the applicant to adjust posture and that sparring and self defence might result in physical contact between members

ACKNOWLEDGEMENT

I acknowledge that I have been informed of the potential risks of practicing Taekwondo. I apply for membership of the BTCB and agree to comply with the rules and regulations of the Board.

To be signed by the applicant if aged 18 or over, or the applicants parent or guardian where the applicant is under 18 years old

DATA PROTECTION POLICY

The information provided will only be used for BTCB membership administration and insurance purposes

| | | | |
|----------|-----------|-----------------|---|
| Signed | | | |
| Tick one | Applicant | Parent/Guardian | |
| Date | D | M | Y |

TO BE COMPLETED BY ALL CLUBS

| | | | |
|--------------|------------------|---------|--------|
| INSTR NAME | | | |
| CLUB NAME | | | |
| MEMBER GROUP | | | |
| CLUB NO | Area No (REGION) | Club No | Branch |
| | | | |
| SIGN HERE | | | |
| DATE | D | M | Y |