

STUDENT/PARENT/GUARDIAN REGISTRATION FORM

TO BE COMPLETED BY ALL APPLICANTS/PARENT/GUARDIANS ENROLLING AT
SPARTAN SCHOOL OF TAEKWON-DO



Dear Mr Ebbs, Mr Huggins

I would like myself/my child to be considered for membership at the **Spartan School of Taekwon-Do.**

Student Details

Family Name:	First Name:	Date of Birth:	4 RECENT PHOTOGRAPHS ARE REQUIRED Please sign & print childs name on reverse.
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Address:	<input type="text"/>		
	Post Code:	<input type="text"/>	
Email:	Gender:	<input type="text"/> Male/Female	
Tel:	Nationality	<input type="text"/>	
Mobile:	<input type="text"/>		

Parent/Guardian or Emergency Contact details

First Name	Family Name	
<input type="text"/>	<input type="text"/>	
Telephone Number	Mobile Number	Relationship to Student
<input type="text"/>	<input type="text"/>	<input type="text"/>

Health & History Details:

Do you/your child suffer from: - Asthma - Diabetes - Epilepsy - Other.

If Yes, then please give details:
.....

When did you/your child last visit a Doctor?/...../.....

Could this reason affect practicing Taekwon-do? Yes/No

If Yes, then please give details:
.....

Have you/your child previously been a member of any other Martial Art Class? Yes/No

If yes, date last attended./...../..... Instructor name & rank.....

Date & reason leaving:

CONSENT TO RISKS.

I have watched the Art being taught and 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 of any illness or other conditions that may affect the training or wellbeing of myself or any other person and that currently there are no reasons why I cannot learn Taekwon-Do. I agree to comply with all of the Rules and Regulations and as a condition of membership I agree not to hold the ACE-TKD or affiliated organisations and any of their Instructors or students liable for any injury that I may sustain whilst practising the Art. I am aware that photographs taken during training may be used on promotional and publicity material.

- I agree that a picture of me/my child may be used I do not want a picture of me/my child to be use
 I hereby give authority to my instructor to process my data

Student/Parent/Guardian's Signature..... Date / /

(The Instructor reserves the right to refuse membership without explanation)