

Kernow Tae Kwon-Do Academy of Excellence Student Registration and GTI Licence Application Form

Personal Information (please complete every field in BLOCK CAPITALS)

Surname -----

First Name(s) -----

Title (Mr, Miss, Mrs, etc.) -----

Date of Birth (DD/MM/YYYY) ___ / ___ / ___

Address -----

Town -----

Postcode -----

Home Phone (_____) -----

Mobile -----

Email -----

Height ___ cm / feet, inches* Weight ___ kg / stones, lbs.* * delete as appropriate

Date training commenced (DD/MM/YYYY) ___ / ___ / ___ (or approx. date)

Name of Emergency Contact: -----

Contact Number of Emergency Contact: -----



Personal Health Information

Please tick if you suffer from any of the following:

Heart Disorders * Asthma Migraine Haemophilia Dyslexia

Hay Fever Diabetes Epilepsy Nervous Disorders

Any other health problems or disabilities that may affect training:

* Completion of form G1A is compulsory for anyone declaring a heart condition.

* Other declared health conditions, may, at the Instructor's discretion, also require completion of a G1A.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Compulsory Questions:

You are required to tick yes or no to the following questions:

1. Have you ever been convicted of a crime of violence? Yes No
2. Are you registered as a sex offender? Yes No
3. Have you ever been refused membership of a martial arts club? Yes No

Optional Questions:

Please complete the following questions so that we can provide the best experience for you:

Employment Details (*optional*) _____

(If you provide an ID to show that you are a full time student you will be eligible for junior rate fees)

How did you find out about our school? _____

Why did you want to start Tae Kwon-Do training? _____

ALL INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL BETWEEN THE STUDENT AND INSTRUCTOR

I have received, read and understood Kernow T.A.E.'s Behaviours & Expectations and agree to abide by them. I understand that martial arts may carry the risk of injury. I understand that photographic and video equipment may be used for promotional and training purposes.

Member Signature _____ Date ___ / ___ / _____

Parent/Guardian if Under-18

Instructor Signature _____ Date ___ / ___ / _____

NB. GTI membership is inclusive of student to student liability insurance which is obligatory by law.

If under 18, this form should be signed by a Parent or Guardian. Please tick if so

Please tick if you do not wish to receive correspondence from K-T.A.E. by post

For Admin use only: Added to database <input type="checkbox"/> Student ID _____ School _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM