

North Norfolk Taekwondo Academy Membership Form

Name:	Date of birth:
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Address:

Home telephone:	Mobile:
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Medical Conditions:

Medications/Special requirements:
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Contact in case of emergency:	Telephone no.:
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Do you have any convictions? YES/NO	If yes, please speak to your head instructor.
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All reasonable precautions are taken to ensure safety at all times in training, although unlikely, the risk of injury still exists, do you accept these risks? YES/NO
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Declaration: I have read and completed the above form and understand the content. I am the Person/Parent/Guardian of the student named above.		
Print name:	Signature:	Date:

FOR OFFICE USE	
Date book issued:	Issued by: