Web iceniTaekwondo.co.uk ANNUAL INSURANCE / MEMBERSH	
「水」 武王 E K NEW MEMBER () RENEWAL () BLACK BELT (OF SELF-DE NEW MEMBER () tick NEW MEMBER () tick	INSTRUCTORS TO FILL IN STUDENTS
PLEASE USE BLOCK CAPITALS FORENAME APPLICATION DATE:	BMABA NUMBER REGISTRATION DATE: EXPIRY DATE:
	TELEPHONE/MOBILE:
ADDRESS	EMAIL: Photograph Permission for use to promote the club $\frac{\text{YES}(_{\text{tick}})}{\text{NO}(_{\text{tick}})}$
Parental consent is required for the club to act in loco parentis, to give	Do you suffer from any illness, disease or any other mental or physical disorder, which might become aggravated by the practice of Taekwon-do which might expose you or others to risk?
permission for the administration of emergency first aid or other medical treatment if the need arises, ensuring medical conditions and pre-existing injuries and allergies are recorded.	If so please list here: YES () NO () tick
I give my consent () I do not give my consent ()	
Signature BLOCK CAPITALS	How Did You Locate ICENI Taekwon-do Club?
Signature of Applicant / Parent or Guardian (Parent or Guardian to sign if applicant under 18 years)	