



web
iceniTaekwondo.co.uk

ICENI TAEKWON-DO

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BRITISH MARTIAL ARTS
& BOXING ASSOCIATION

EST. 2012
TO HIGH PLACES BY NARROW ROADS

ANNUAL INSURANCE / MEMBERSHIP APPLICATION FORM

NEW MEMBER () RENEWAL () BLACK BELT ()
tick tick tick

INSTRUCTORS TO FILL IN

REGISTERED CLUB

PLEASE USE BLOCK CAPITALS

FORENAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

APPLICATION DATE:

--	--	--	--	--

STUDENTS
BMABA NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

REGISTRATION DATE:

--	--	--	--	--

EXPIRY DATE:

--	--	--	--	--

SURNAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TELEPHONE/MOBILE:

EMAIL:

Photograph Permission for use to promote the club
YES ()
NO ()
tick tick

POST CODE

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DATE OF BIRTH

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IMPORTANT

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?

If so please list here:

YES ()
NO ()
tick tick

Consent is required for the club to act in **loco parentis**, to give 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.

I give my consent () I do not give my consent ()
tick tick

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)

