

# UNIFIED TAEKWON-DO ASSOCIATION



Members of the UK ITF

# U.T.A

## ENROLMENT FORM



Student forenames:		Student surname:	
Gender:		Nationality:	
Address:			
Post Code:		Tel (Mobile):	
Date of Birth:	Age:	Email:	
Emergency Contact Name:		<b>Official use only:</b> Club: _____ Grade: _____ Attendance: _____	Paid: <input type="checkbox"/>
Relationship to Student:			Date: _____
Mobile: _____	Other: _____		
<b>Do you suffer from any of the following, please tick box(s) if yes:</b>			
Heart Disorders	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
		Migraine	<input type="checkbox"/>
		Nervous disorder	<input type="checkbox"/>
Haemophilia	<input type="checkbox"/>	Hayfever	<input type="checkbox"/>
		Diabetes	<input type="checkbox"/>
		Epilepsy	<input type="checkbox"/>
<b>Other conditions:</b>			
Under the Equality Act 2010 disability is described as a physical or mental impairment that has substantial and long-term negative effect on a person's ability to do normal daily activities.			
Do you consider yourself/your child to have a disability    YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, what is the nature of the disability? _____			
<b>How did you find out about Taekwon-Do?</b>			
Please give details:			
<b>Have you ever been convicted of a criminal act:</b> <input type="checkbox"/> (Voluntary information, if yes please provide details on a separate page)			
I agree to abide by the rules and regulations of the BTC/UKITF/UTA and understand that we collect and hold GDPR sensitive Data, essential medical information in order to conduct risk assessments and monitor the wellbeing of participants. By signing I give consent for this information to be stored. (please ask if you wish to see our GDPR statement)			
<b>Signature:</b> _____		<b>Date:</b> _____	
<b>(Parent / Guardian if under 18yrs)</b>			
I am aware that photographs will be taken during the Taekwon-Do training/events for promotional purposes, and give consent for my child to feature in such photos. I DO give consent: <input type="checkbox"/> I DO NOT give consent: <input type="checkbox"/>			
Please tick if you give consent for emergency medical treatment to be administered. <input type="checkbox"/>			
<b>CLUB MAILING LIST</b>			
I wish to sign up to the club mailing. I understand that this will only be used for the purposes of TaeKwon-Do. I understand that if I do not want to sign up I will miss important information about my/my child's training.			
YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Name:</b> _____	
		<b>Date:</b> _____	
		<b>Signature:</b> _____	