

Portarlington Taekwon do



Membership Application

Phone: 086 3617001

Web: www.portarlingtontaekwondo.com

e-mail: info@portarlingtontaekwondo.com

Member details

Name : _____ Date of birth: _____

Address : _____

Occupation : _____

Previous martial arts training (please name previous instructors, examiners, association & grade achieved)

Please list any medical or physical conditions or disabilities that you feel is relevant :

Contact details

Phone : _____ Mobile : _____ e-mail : _____

Emergency Contact

Name 1: _____ Phone : _____ Mobile: _____

Name 2: _____ Phone : _____ Mobile: _____

I hereby submit this application for membership of Portarlington TaeKwon-Do School.

I agree to abide by the rules and regulations of the Irish National TaeKwon-Do Association.

I hold myself solely responsible for any injury the I might sustain while training in Portarlington TaeKwon-Do school.

The Instructor has the right to suspend or terminate membership of any student at his discretion.

I hereby certify that the information given above is correct and that I am physically fit to commence training.

Signed..... Date.....

(Signature of Parent/Guardian if applicant is under eighteen years of age.)

Web Consent

I understand that members photographic images may be used from time to time on the Portarlington Taekwon Do club website, relating to Portarlington Taekwon Do club news and activities.

I agree that my image may be used on the Portarlington Taekwon Do club website Yes [] No []

Signed..... Date.....

(Signature of Parent/Guardian if applicant is under eighteen years of age.)

Instructors signature

Signed..... Date.....

All information contained above is strictly confidential.

