

**APPLICATION STATUS**
 New    Renewal on time    Renewal 1-3 months late    Renewal more than 3 months late

 Member N<sup>o</sup>       

(leave blank if new member)

 Expiry date        

(leave blank if new member)

**MEMBER INFORMATION**

 Surname                     

 Forename(s)                     

 Address                     

 Address                     

 Town/City                     

 Postcode        

 Telephone - home                     

 Ex Directory  Yes  No

 Telephone - mobile                     

 Email (Compulsory)                     
                    

 Date of birth           Gender  Male  Female

 Disability or medical condition (if applicable)  Yes  No (Please give full details on back of form.)

 Nationality                     

 Current grade  Kup  Poom  Dan   1  2  3  4  5  6  7  8  9  10 

 Date of Last Grading           BT Cert N<sup>o</sup>        

 Examiner Name                     
**DECLARATION**

I acknowledge that I have been informed of the potential risks of practising Taekwondo. I apply for membership of British Taekwondo and agree to comply with the rules and regulations of the organisation.

 Signature 

 Date        

(Applicants if 18 or over / Parent Guardian if under 18)

**INSTRUCTOR DECLARATION**

I confirm that this application has been submitted to Membership Services within 7 days of the applicant signing the form in accordance with British Taekwondo rules and regulations.

 Club N<sup>o</sup>       

 Club name                       

 Instructor name                     

 Signature 

 Date        
**DATA PROTECTION**

 If you do not wish your information to be shared with any third parties, please click/tick the box on the right. 

Your information will be used by British Taekwondo for providing membership services and administration and insurance purposes. Members must be given their membership book within 28 days of submitting their application to the instructor.

Please fill in this Questionnaire and give to your instructor before training in Taekwondo starts, or on renewal of your membership

## **Taekwondo Physical Activity Readiness Questionnaire**

### **T-PAR-Q**

**Plas read the following important health questions and tick appropriately.**

<b>Question</b>	<b>Yes</b>	<b>No</b>
<b>Has your doctor ever indicated that you have a heart condition or that you have high blood pressure?</b>		
<b>Have you ever had chest pains brought on by physical exertion?</b>		
<b>Do you lose consciousness or lose your balance as a result of dizziness?</b>		
<b>Are you currently on any form of medication (e.g. tablets, inhaler)?</b>		
<b>Do you suffer from diabetes, epilepsy or asthma? If so please give details to your instructor.</b>		
<b>Do you have bone, joint, back or muscular problems that might be aggravated by exercise?</b>		
<b>Are you pregnant or have given birth in the last three months?</b>		
<b>Is there any reason not mentioned above why exercise/ Taekwondo activity may not suitable for you?</b>		

**If you have answered yes to any question above then before a physical activity programme or Taekwondo training can begin it is compulsory that you seek advice and get a letter from your doctor stating that you are able to take part in physical activity. This letter must be given to the instructor/coach before any training can begin.**

**You take part in all physical activity and Taekwondo programmes at your own risk.**

**If your circumstances change and it could affect your health or well being when carrying out any physical activity, then it is your reasonability to inform your instructor/coach.**

**Name:** \_\_\_\_\_

**Please sign:** \_\_\_\_\_ (Parent or Guardian for under 18yrs)

**Date:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_



# Lisburn UTA(NI) Taekwondo Club

## Parental Consent Form



Please complete this form and return it to:

Mr. P. Stewart  
12 Thornhill Pk.  
Lisburn bt28 3eg  
Mobile : 07714701997

*A signed consent form is a condition of participation in all Taekwondo Assosiation of Northern Ireland (T.A.N.I.) clubs for those under the age of 18. (All information is strictly confidential)*

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONTACTS FOR EMERGENCIES

(Should be in a position to collect child if necessary)

Contact 1 (Parent/guardian)

Contact 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. 1. \_\_\_\_\_

Tel. 1. \_\_\_\_\_

Tel. 2. \_\_\_\_\_

Tel. 2. \_\_\_\_\_

### MEDICAL DETAILS

Does s/he suffer from any medical conditions?  
If yes please give details

Yes

No

I understand that Taekwondo is a martial art and there is some risk involved. I have seen the class, am willing for \_\_\_\_\_ to take part and confirm that s/he is willing to participate as fully as possible.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## **Data protection consent to process personal information**

- By making my application to join this Taekwondo Club  
 By renewing my application to join this Taekwondo Club  
(please tick as appropriate)

I explicitly consent to -

1. My own Taekwondo Club – known as Lisburn Taekwondo Club, and
2. The United Taekwondo Association of Northern Ireland, (known as UTA(NI) and hereinafter referred to as the Association), of which association my Club is a member

obtaining, recording, holding and using my personal data (including sensitive data) solely for Club or Association purposes whether held on a computer or in a manual filing system.

This information may include my full name and address, age, occupation, specified physical attributes and, where applicable, my telephone number and / or my e-mail address.

Unless specified, I consent to the Club, of which I am a member, sharing my personal information with the UTA (NI) of which Association the Club is a member (*opt out included below*).

If I cease to be a member of the Club (and so notify the Club), the Club will notify the Association so that my personal data is not held for longer than is necessary. If the Club no longer remains a member of the Association, the Association will remove my personal data from its records within a reasonable period of time.

The Club and the Association will have regard to the 8 principles set out in Part 1 of Schedule 2 of the Data Protection Act 1998 in relation to obtaining, recording, holding and using my personal data.

- If you do not wish for your information to be held or used by the Association (save for insurance record purposes), please tick.

Name of member (*please print*) .....

Signed .....

- If member is under 18, this consent should be signed by a parent or guardian – please tick here if member is under 18.

Dated .....