

# BRITISH TAEKWONDO CONTROL BOARD (WTF)

## INDIVIDUAL MEMBERSHIP APPLICATION FORM

FEB08

**ALL boxes MUST BE completed in BLOCK CAPITALS.  
INSURANCE IS NOT GRANTED IF ANY BOX IS LEFT BLANK**

**PREVIOUS LICENCE HISTORY**

Applicants **RENEWING** their licence **MUST** complete this box.

BTCB Membership No.	M			
BTC Licence No	A			
Club No (Inc branch)	Area	Number	Branch	
Expiry Date	D	M	Y	

**LICENCE AND GRADING RECORD BOOK**

You must receive the licence Book within 6 weeks of application. **The Licence fee includes insurance.** Ask to see the Schedule of Insurance. If you wish to make a claim under the BTCB Accident and Public Liability Insurance Policy you must notify Membership Services in writing within 14 days of the accident occurring. *Failure to do so may result in claim rejection.*

**KUP CERTIFICATES**

Members are awarded a BTCB certificate when they have passed a Kup or Dan grading. No other certificate is permitted

**PERSONAL INFORMATION**

Surname			
Forename			
Address			
Address			
Address			
Town			
County			
Post Code			
Tel No (home)			Tick if ex directory
Tel No. (mobile)			
E Mail			
Occupation			
Birth Date	D	M	Y
Nationality			
Med Con or Disability			
Status Tick One	Instructor	Student	
Gender Tick One	Male	Female	
Grade	Kup i.e. 3 <sup>rd</sup> Kup	Dan i.e. 3 <sup>rd</sup> Dan	
Last Grading Date	D	M	Y
Examiner Name			
Examiner Grade			
Cert No	BTCB	KUKKIWON	

**MEDICAL DISORDERS**

Applicants who suffer from any medical disorder must attach to this form a letter from their doctor confirming that they are fit to practice Taekwondo. *Failure to do so may invalidate insurance cover.*

**PERSONAL CONTACT**

Applicants should be aware that from time to time it might be necessary for the Instructor to make physical contact with the applicant to adjust posture and that sparring and self defence might result in physical contact between members

**ACKNOWLEDGEMENT**

I acknowledge that I have been informed of the potential risks of practicing Taekwondo. I apply for membership of the BTCB and agree to comply with the rules and regulations of the Board.

To be signed by the applicant if aged 18 or over, or the applicants parent or guardian where the applicant is under 18 years old

**DATA PROTECTION POLICY**

The information provided will only be used for BTCB membership administration and insurance purposes

Signed			
Tick one	Applicant	Parent/Guardian	
Date	D	M	Y

**TO BE COMPLETED BY ALL CLUBS**

INSTR NAME			
CLUB NAME			
MEMBER GROUP			
CLUB NO	Area No (REGION)	Club No	Branch
SIGN HERE			
DATE	D	M	Y