

Official Event Application Form

EVENT DETAILS

Event Name: _____ Event Date: _____ Start Time: _____

Event Venue: _____

STUDENT DETAILS

Student Name: _____ Date of Birth: _____ Age: _____

Address: _____ Kup/Degree Grade _____

_____ Licence Expiry Date: _____

_____ School: _____

Postcode: _____ Instructor: _____

MEDICAL HISTORY

Do you suffer from any illness, medical condition, recurring injury or muscular complaint? YES NO

If yes, please give details _____

Are you taking any Prescribed Medication? YES NO

If Yes, please give details: _____

EMERGENCY CONTACT DETAILS:

Contact Name: _____ Emergency Contact Telephone No. _____

FIRST AID:

By signing below I understand that First Aid may need to be administered by the qualified First Aider if and when required and confirm that I am happy to allow First Aid to be administered to the named student.

PARENTS/GUARDIANS:

Due to the nature of the named course adults and children will be in a mixed environment, and that Changing and Toilet facilities are also shared between adults and minors during the named course at the venue.

Please confirm by signing below that you are happy for the named student to attend the named course based on the information provided above.

Parent/Guardians Signature _____

PHOTOGRAPHY:

I understand due to the nature of this event that photography may be taken by the Association Instructors and may be used by the Association schools only for purpose of School Web Site population and not to be used on social networking.

I reserve the right to request any photograph of myself/my child that may appear on such sites to be immediately removed.

1. I, the undersigned, understand that certain elements of the named course can be physically demanding and as a condition of my enrolment, I certify that I am physically capable of safely participating in the named course and accept full and complete responsibility for my participation and for my own physical and emotional well-being. I understand and accept that I am training at my own risk and will not hold Tae Kwon-Do Association of England, its' instructors or students liable for any injury, health problem or subsequent death that may result from or be aggravated by my participation, nor for any injury I may cause another participant.

2. I agree to abide by the rules and regulations of the Tae Kwon-Do Association of England

APPLICANTS SIGNATURE

PARENT or GUARDIAN for MINORS (under 18)

INSTRUCTORS SIGNATURE

DATE

NOTE: The information contained in this form is protected by the terms of the 1984 DATA PROTECTION ACT. It will be held by the TAE and may be used by the TAE only for the purpose under the DATA PROTECTION ACT.