



GLOBAL TAEKWON-DO INTERNATIONAL

LICENCE APPLICATION/RENEWAL

PLEASE USE **BLOCK CAPITALS** AND COMPLETE EVERY FIELD

SURNAME..... FIRST NAMES.....

MR/MRS/MISS^{etc}..... D.O.B..... AGE.....

HOUSE NUMBER.....STREET.....

POST TOWN..... COUNTY.....

POSTCODE..... PHONE.....

E-MAIL (optional).....

LICENCE No..... EXPIRY DATE.....

TONY SEWELL'S MARTIAL ART ACADEMY....GRADE.....

NEW RENEWAL LATE RENEWAL* (tick one)
(*£3Late Penalty Fee Enclosed)

태권도

DO YOU SUFFER FROM ANY OF THE FOLLOWING? (Tick if yes)

Heart Disorders * Asthma Migraine Hemophilia Dyslexia

Hay Fever Diabetes Epilepsy Nervous Disorders

Other Disabilities/Injuries:

***NB:**

- Completion of form G1A is also compulsory for anyone declaring a heart condition.
- Other declared health conditions, may, at the Instructor's discretion, also require completion of a G1A.

..... (If necessary continue on the back of this form)

HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE? YES NO

(if yes, an explanatory letter must accompany this form)

HAVE YOU EVER BEEN REFUSED MEMBERSHIP OF ANY MARTIAL ARTS CLUB?

(if yes, an explanatory letter must accompany this form) YES NO

PHOTOGRAPHY DISCLAIMER: I understand that the GTI and its individual Instructors may at times make use of photographic images of GTI members for the promotion and/or teaching of Tae Kwon-Do.

I agree to abide by the rules and regulations of the GTI and understand that Martial Arts practice can carry a risk of injury.

MEMBERS SIGNATURE.....DATE.....
(PARENTS IF UNDER 18)

INSTRUCTORS SIGNATURE.....DATE.....

NB. GTI membership is inclusive of student to student liability insurance which is obligatory by law.

Notes: