

2019

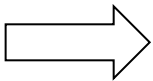


# Annual Membership Application

2019 Applications

Paid £30  
Fee?

- Please Fully Complete Sections 1, 2, 3, 4 and 5 as indicated by the arrows, writing clearly and legibly.
- This is an important document - Contact Head Office 07922 185 126 for further information.
- The Parent/Legal Guardian is to complete on behalf of the applicant if under 18 years.
- Do not complete if you are unsure at all about any question or section of this form.
- For clarity, "We" or "Our" refers to NTX TaeKwon-Do Schools Head Office. "You or "Your" refers to the TaeKwon-Do Student in this application.
- You may not train at any NTX TaeKwon-Do School training venue without: Fully completing this document; Paying the full annual membership fee and associated training fees; and your application being accepted by Head Office.
- Applications must be renewed annually – Your membership begins at the start of the calendar month of your first lesson – Renewals are 12 months from the start of that month. None of these fees are refundable.
- For our Data Handling and GDPR policy, please see Section 5 Below.



## Section 1 - Personal Details of Applicant

SURNAME: \_\_\_\_\_

FORENAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (DD-MM-YYYY)      MALE / FEMALE

ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_



## Section 2 – New Applicants Only – “Why do you want to study TaeKwon-Do?”

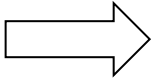
Self Defence       Improved Fitness       Confidence       Other – Specify \_\_\_\_\_



## Section 3 - Medical Questionnaire

If the answer to any question is "Yes", please give further details on a separate sheet of paper:

1. Do you currently suffer with any medical problem currently requiring treatment or medication? Yes / No
2. Do you suffer with any allergies to tablets, elastoplast dressings, plasters or medications? Yes / No
3. Have you ever been refused membership of any gymnasium, health club, sports club or organisation connected with physical training, on health grounds? Yes / No
4. Do you presently or have you ever previously suffered with any of the following disorders:  
Heart Disease? High Blood Pressure? Asthma? Stroke? Epilepsy? Diabetes? Back Pain? Arthritis?  
Joint Injuries? Neck or Head Injuries? Bronchitis? Mouth braces, crowns, loose teeth? Hernia? Yes / No



## Section 4 – Terms, Conditions, Potential Risks and Benefits

Please read this section very carefully - The Study of Martial Arts and TaeKwon-Do, carries potential risks to the Student. These ranges from minor injuries to permanent disability as well as life threatening emergencies:

Types of Exercise	Potential Risks	Potential Benefits
<b>General Training</b> <input type="checkbox"/> Physical Conditioning <input type="checkbox"/> Strength Training <input type="checkbox"/> Fitness Exercises <input type="checkbox"/> Stretching Exercises	<b>Accidents in the Hall</b> <input type="checkbox"/> Slips, Trips and Falls involving Walls, Furniture and Floor <input type="checkbox"/> Injury to Muscle, Bone, Joint, Tendon, Ligament or Nerves as well as Head Injury	<input type="checkbox"/> Improved cardiovascular and respiratory reserve <input type="checkbox"/> Greater capacity for performing physical tasks and exertion <input type="checkbox"/> Improved neuromuscular strength, balance and coordination <input type="checkbox"/> Improved upper and lower limb skeletal muscle tone <input type="checkbox"/> Improved psychological well-being <input type="checkbox"/> Improved fitness, physical awareness, appreciation of timing and distance <input type="checkbox"/> Confidence in dealing with realistic self-defence scenarios and confrontation <input type="checkbox"/> Improved neuromuscular coordination, balance and delivery of physical power <input type="checkbox"/> Improved confidence in performing skills under examination conditions
<b>Contact Exercises</b> <input type="checkbox"/> Free Sparring <input type="checkbox"/> Self Defence <input type="checkbox"/> Fixed Sparring	<b>Contact with People</b> <input type="checkbox"/> Collision Injuries during exercises <input type="checkbox"/> Limb, joint and body contact including that with training partners <input type="checkbox"/> Injury to the face, eyes, throat, ears, groin, genitalia and kidneys	
<b>Technical Exercises</b> <input type="checkbox"/> Stance Exercises <input type="checkbox"/> Jumping Exercises <input type="checkbox"/> Kicking Exercises <input type="checkbox"/> Pad Exercises	<b>Specific Physical Risks</b> <input type="checkbox"/> Spine, Back, Neck, Head and Neurological Injuries that may be permanent and irreversible <input type="checkbox"/> Chest, Abdominal and Hernia Injuries that may be permanent <input type="checkbox"/> Limb Injuries including fractures, dislocations and tearing of soft tissues, which may result in temporary or Permanent injury or disability. This may result in time off work or other activities. <input type="checkbox"/> Cardiovascular events which may result in sudden death due to previously undiagnosed conditions being triggered by strenuous exercise	
<b>Events</b> <input type="checkbox"/> Tournaments <input type="checkbox"/> Grading Examinations		

- If you wish to continue with your training, we strongly recommend that you understand the potential physical and psychological risks that are associated. Do not continue with training with NTX if you are uncertain or unwilling to accept liability for these potential risks. You must fully understand these risks and benefits before joining.
- All fees in connection with this membership and training costs are not refundable under any circumstances. Fees may rise on a regular basis to keep up with costs.
- Not all Students are able to achieve the rank of Black Belt and must be prepared from the outset of their training to accept this potential disappointment. For students under 18 years, parents must explain this to their children.
- Students leaving NTX TaeKwon-Do Schools for ANY REASON are not entitled to a refund for any goods and/or services (E.g. Grading Examinations, Training, Membership Fees, Uniforms) that they have received.
- Not disclosing pre-existing medical disorders may lead to membership terminated without financial compensation.
- During any event or training, Students may be photographed for promotional purposes. To opt out of this, please contact Head Office before joining/renewing your membership AND state this on the bottom of this page.
- All Injuries and Accidents must be reported to the Instructor or Head Office, either during the lesson in which they occur, or immediately afterwards. Head Office must be informed of all injuries within 1 day from occurrence.
- The applicant (or legal guardian if under 18 years of age) must sign to confirm that the full contents of document has been read and understood. The applicant, by signing, wishes to proceed with their application and accepts the risk and benefits described above. For more information, contact NTX Head Office on 07922 185 126.

Sign & Print Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_



## Section 5 – Data Handling

We will store your data securely for purposes of registration as a Student in TaeKwon-Do. The data we obtain is that provided by you only. We will share some of the data as necessary with other Instructors, Examiners and our Insurance Providers. Our electronic transmissions will be password protected. We will process this data for Grading applications, Tournaments and other NTX TaeKwon-Do Schools events as appropriate. We will not share your data with other organisations without first obtaining your consent. In the event of your membership expiring, we will erase your data no sooner than 3 years from that date. You can request a copy of the data we hold on you by contacting us. The applicant (or legal guardian if under 18 years of age) must sign to consent to the handling of the personal data in line with our Data Handling Policy, which is summarised above. For more information, contact Head Office on 07922 185 126.

Sign & Print Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

## Section 6 – TO BE COMPLETED BY INSTRUCTOR

Confirm Full Name: \_\_\_\_\_ Confirm DOB: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ NEW or RENEWAL

## Section 7 – TO BE COMPLETED BY HEAD OFFICE

Date Application Received: \_\_\_\_\_ Approved: Y / N

Instructor Code: _____
Membership No.: _____
Expiry Date: _____