

Joining Application

Family Name: _____ First Names: _____

Preferred First Name: _____ Address: _____

Phone No: H:(0) _____ W:(0) _____ M:(02) _____

Email 1: _____ Email 2: _____

Date of birth: _____ Age: _____ Gender: M F

Height in cm's: (for Dobok/uniform) _____ Occupation: _____

I allow/do not allow pictures of (name) _____ to be used on Face book/web etc.

For children please give the name of parent or guardian: _____

Any medical conditions your instructor should be aware of: _____

Emergency Contact:

Name: _____ Phone No: _____ Relationship to you: _____

Any other family members training: Yes No If yes, who? _____

Any previous martial arts experience? Yes No Details: _____

How did you hear about us?

Facebook	Friend	Leaflet/flyer	Road Sign/Flag	Website (please state)
At School	Family	Club member	Demonstration	Other (please state)

DECLARATION

I hereby agree to abide by the following conditions:

- The instructor has the right to withhold tuition from me if I disturb the class in any way.
- I hold myself responsible for any injury that I may sustain in the course of my training.
- I agree not to misuse the knowledge gained through the classes.
- I agree to the terms and conditions of the International Taekwon-Do Foundation of New Zealand Inc*.

**Terms and conditions are available on the International Taekwon-Do Website and can be altered at any time without notice: www.itkd.co.nz/terms.php*

PRIVACY ACT & UNSOLICITED ELECTRONIC MESSAGES ACT

I give my permission for the International Taekwon-Do Foundation of New Zealand Inc. to collect, store and use any information provided by me, as well as any information collected about my progress or activities in Taekwon-Do, for its own purposes and business only. I understand that this information will not be disclosed to any other organisations without my prior consent. I recognise the right to view this information and make corrections where appropriate. ITFNZ may deliver the latest news, special offers, and information about Taekwon-Do and events direct to your inbox. Upon my re-registration to ITFNZ I hereby agree to be subscribed to the ITFNZ email newsletter and to receive email correspond-ence from ITFNZ as long as I am a member of the organisation.

I have read and accept the above conditions.

Date: _____

(Applicant's signature)

(Parent's/Guardian's signature) if applicant is under 18.



Instructor to Complete		Club:	
Photo Taken		Registration Fee Paid	
Uniform Ordered	SIZE	Handbook Given Out	
Uniform Paid		Email Added to List	
Uniform Collected		Registration Completed	