

# UK TAEKWONDO DEVELOPMENT COUNCIL

## INDIVIDUAL MEMBERSHIP APPLICATION FORM

### Information for the applicant.

#### Licence, Grading Record Book and Insurance

You should receive the Licence Book within 4 weeks of application.

**The Licence fee includes insurance.** Ask to see the Schedule of Insurance. If you wish to make a claim under the UKTDC 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.*

#### 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.*

#### Kup Examinations.

Kup (10<sup>th</sup> to 1<sup>st</sup> Kup) grading examinations can only be conducted by a UKTDC 4<sup>th</sup> Dan or higher grade. All successful candidates must be given a certificate within 4 weeks of the examination.

#### Dan Examinations.

UKTDC members resident in the UK are required to take their Dan promotion tests at a sanctioned UKTDC Dan grading.

UKTDC Licence holders may not grade at any other Dan promotion test within the UK without first obtaining the permission of the UKTDC National Executive in writing (permission will not be unreasonably withheld). All UKTDC members shall be provided with Kukkiwon certification.

#### Database.

The information (except medical records) given on this form will be entered into the database and is for exclusive use by the UKTDC.

If you do not wish your data to be stored tick here:

#### Acknowledgement.

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

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.

Applicant . .  Parent/Guardian . .

Signed . . . .

Dated . . . .

EMAIL

Medical Condition or disability

### **To be completed by all member clubs**

Ins/Sec . . .

Club Name :

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Club No:             | Region               | Club No.             | Branch               |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

New: . . . . .  Renewal: . .  TICK ONE BOX

Surname: . . . . .

Forenames: . . . . .

Address: . . . . .

Post Code: . . . . .

Telephone No: . .

Occupation: . . . .

Date of Birth: . . .

Nationality: . . .

Female . . . . .  Male . . . . .

Grade of Applicant: . . . .  **Dan/Kup (Circle)**

Instructor . . . . .  Student . . . . .

**Applicants wishing to RENEW their ANNUAL LICENCE MUST complete this box.**

UKTDC Membership No :

Expiry Date

Club No (Inc Branch) . . . .

Expiry Date : . . . . .

DAN APPLICANTS ARE REQUESTD TO COMPLETE THIS SECTION LAST GRADE ONLY FOR RECORDING AND DATABASE PURPOSES ONLY

| DAN POOM        | DATE | KUKKIWON No | NON KUKKIWON |
|-----------------|------|-------------|--------------|
| 1 <sup>ST</sup> |      |             |              |
| 2 <sup>ND</sup> |      |             |              |
| 3 <sup>RD</sup> |      |             |              |
| 4 <sup>TH</sup> |      |             |              |
| 5 <sup>TH</sup> |      |             |              |
| 6 <sup>TH</sup> |      |             |              |
| 7 <sup>TH</sup> |      |             |              |

**Date of last Grading:**

Examiner:

Instructor or Secretary Sign here