Name: ……………………………………………………………………………………………..........................date of birth ……………………………………….

Address: …………………………………………………………………………………………………………………………………………………………………………………

Postcode: ……………………………………….. Telephone …………………………………………. Mobile ………………………………………………………..

EMERGENCY CONTACT NUMBERS:

**Do you suffer from any physical or mental condition that may affect you training or teaching in a martial art? YES / NO**

***If so, please give details below. Please consult your own Doctor if in any doubt and further inform your Instructor*.**

**I have been advised by the Club Instructor that due to the nature of Martial Arts and Self Defence training (as in all contact sports), there is a risk of injury and I accept and understand that risk. I will not hold the Instructor, the Club or any student liable for any injury that I may sustain whilst practising Tae Kwon Do. To the best of my knowledge, I am in good health and have been advised by the Club Instructor to consult my own Doctor, if I am in any doubt about my ability to participate in the activities of the Club.**

**I have read the rules and conditions above understand and agree to them.**

**I hereby apply for Instructor Insurance**

**Signed: Date:**

**Current Blackbeltcentre School**

**Grade**

**Instructor / assistant Instructor (delete as appropriate)**

**Assistant Instructor denotes Black belt – 1st Dan and above**

**Instructor denotes – Black belt with Instructor qualification**

 **DAN**

**www.blackbeltcentre.co.uk**

**info@blackbeltcentre.co.uk**