Lewendons Taekwondo Academy Registration Form

Please complete this registration form in as much detail as possible.

Please sign and return this form to the instructor at your first class.

Name of student...............................................................................................

Date of Birth ........................................

Address..............................................................................................................

........................................... ..........................Post Code.....................................

Email address.....................................................................................................

Name of main Parent /Carer (if student is under 18).........................................................

Telephone (home).......................................(mobile)............................................

Where did you hear about Reading TaeKwonDo?....................................................

**Additional Emergency Contact details:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name  | Relationship to student | Telephone number |
| 1st Contact |  |  |  |
| 2nd Contact |  |  |  |

Please advise us of any disabilities, behavioural or medical needs that you feel we should be aware of.

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\*I understand that the teaching of Taekwondo sometimes involves the instructor having physical contact with a student and I give permission for this. Please initial......................

\*From time to time, Lewendons Taekwondo or the press take photos or film of the classes, which may be used for promotional purposes or on the website. I agree / I disagree (please delete as appropriate).

\*To the best of my knowledge, unless I have advised otherwise I am (my child is) fit and healthy.

Signed by...............................................................................

Date..................................................................

.................................................................................................................................................

For Instructors use

Introductory course dates.................................................................... Payment received on.............................................

Membership Start Date.........................................................................Payment received on...............................................

Uniform size .......................................................................................Payment received on...............................................

Target pad taken ..................................................................................Payment received on............................................

Patches front and or back........................................................................Payment received on..........................................

Standing order set up from which date..............................................................................................................................