



**International
Taekwon-Do**

Joining Application

Family Name: _____ First Names: _____

Preferred First Name _____ Address: _____

Telephone No. (0) H: _____ W: _____ Fax: _____

Mobile: (02) _____ Email Address: _____

Date of Birth: _____ Gender: M F Age: _____ yrs

Occupation: _____

For children, please give name of parent or guardian _____

Any medical condition your instructor should know of? _____

Are there other family members training? yes no Who? _____

Any previous martial arts experience? yes no Details _____

How did you hear about us? Word of Mouth Website Newspaper Radio Poster
Leaflet/flyer Demonstration Yellow pages Television Other _____

Would you like to join our Facebook Group at access club events, photos & videos? YES NO

DECLARATION

I hereby agree to abide by the following conditions:

1. The instructor has the right to withhold tuition from me if I disturb the class in any way.
2. I hold myself responsible for any injury that I may sustain in the course of my training.
3. I agree not to misuse the knowledge gained through the classes.
4. 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 correspondence from ITFNZ as long as I am a member of the organisation.

I have read and accept the above conditions.

(Applicant's signature)

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

Date: