

# REGISTRATION FORM

**TO BE COMPLETED BY ALL APPLICANTS ENROLLING AT  
MYSTIC-EAGLE SCHOOL OF TAEKWON-DO**



Dear Mr. Lee,

I would like myself to be considered for membership at the Mystic Eagle-School of Taekwon-Do. Details are as follows:-

Family Name:	First Name:	Date of Birth:	4 RECENT PHOTOGRAPHS ARE REQUIRED
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	
Address: <input type="text"/>			
<input type="text"/>	Post Code:	<input type="text"/>	
First Name	Surname	Commencement Date	
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	
Telephone Number	Mobile Number	E-mail Address	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Male / Female"/>

### **Health & History Details:**

Do you suffer from:- Asthma - Diabetes - Epilepsy - Other.

If yes, then please give details:.....  
.....

When did you last visit a Doctor?...../...../.....

Could this reason affect practicing Taekwon-do? Yes/No

If yes, then please give details:.....  
.....

Have you previously been a member of any other Martial Art Class? Yes/No

If yes, date last attended.. ...../...../..... Instructor name & rank.....

Date & reason you left.....

### **CONSENT TO RISKS.**

I have watched the Art being taught and understand that there may be some significant risks in learning Taekwon-Do. I acknowledge that I must always be responsible for safeguarding my own well-being and will therefore never attempt any practices or techniques that I do not fully understand. I confirm that I must always tell my Instructor of any illness or other conditions that may affect the training or well being of myself or any other person and that currently there are no reasons why I cannot learn Taekwon-Do. I agree to comply with all of the Rules and Regulations and as a condition of membership I agree not to hold the ACE-TKD or affiliated organisations and any of their Instructors or students liable for any injury that I may sustain whilst practising the Art. I am aware that photographs taken during training may be used on promotional and publicity material.

I agree that a picture of me may be used  I do not want a picture of me to be used

I hereby give authority to my instructor to process my data

Signature..... Date ...../...../.....

(The Instructor reserves the right to refuse membership without explanation)