



ITF WALES

International Taekwon-Do Federation of Wales Registration

Please complete the form in block capitals in either blue or black ink. Tick boxes to say where applicable.

Personal Information

Surname: _____ Forename: _____

Gender: Male Female

Address: _____

Home Telephone: _____ Mobile Telephone: _____

Date of Birth: _____ Passport Number: _____

E-Mail: _____ Passport Expiry Date: _____

Full name as it appears on your passport: _____

Taekwon-Do Information

Current Grade: _____ ITF Certificate Number: _____

BTC Number: _____ Expiry Date: _____

TKD School Information

National Governing Body: _____ TKD School: _____

Instructor: _____ Instructors Contact No: _____

All this information will be kept private and not passed onto any commercial enterprises. It will only be used for official purposes where it relates to a member being registered for a tournament and/or travel and accommodation relating to that tournament.

Tournament History

If you have not represented ITF Wales within the last two years please give a brief run down of your competition results for that period.

Tournament	Association	Date	Patterns	Sparring	Special	Power	Overall

Any other details: _____

Declaration

I can confirm that the information on this application form is complete and correct to the best of my knowledge. I also accept that I must abide by the Rules and Regulations of ITF Wales if I wish to train and make selections for any of the major international competitions.

I have filled out the medical form and supplied it with this application tick if correct.

Signed: _____
(Competitor)

I hereby give permission for my child to train with ITF Wales. I am also happy for the use of photography and video by ITF Wales for the purpose of training, promotion or advertising. This includes the use of images on the ITF Wales website.

Signed: _____
(Parent/Guardian)

Printed _____

Official use only

Date of registration: _____

Medical form received

Annual registration received