



# British TaeKwon Do Council

TKD Centre, 192 High Street (1<sup>st</sup> Floor), West Drayton, Middx. UB7 7BE  
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## NEW STARTER CHECKLIST

1. **HEALTH ASSESSMENT**  
Check any health problems, injuries that may affect training.  
Comments:
2. **HEALTH & SAFETY ADVICE**  
Advice of physical fitness required, level of fitness, check suitability.  
Comments:
3. **HEALTH RISK – TAEKWON-DO**  
Martial art that involves a certain amount of physical contact and fitness, very rigid warm up sessions.  
Comments:
4. **NEW STARTER PRESENCE**  
Ensure and make sure new starter is visible and monitored at all times. Explain this to them and check they understand.  
Comments:
5. **ADEQUATE SUPERVISION**  
Explain that a senior grade will observe.  
Comments:
6. **VIGOROUS ACTIVITY**  
Make sure new starter is aware that they must not attempt anything other than what they are directed to do.  
Comments:
7. **OTHER**  
Comments:

Signed:

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian (if under 16 years)

\_\_\_\_\_

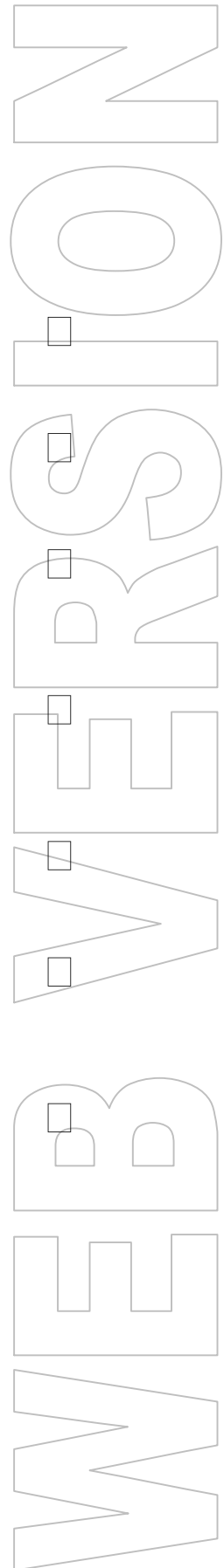
Date

\_\_\_\_\_

Instructor

\_\_\_\_\_

Date



**APPENDIX S**

**BRITISH TAEKWONDO COUNCIL**

**MEDICAL TREATMENT PERMISSION FORM**

Surname:		First Name:	Known as
Address:			
Date of Birth:		Age:	
Parent/Guardian (1):	Name	Relationship	Contact No
Parent/Guardian (2):	Name	Relationship	Contact No
Child's Doctor:	Name	Address	Contact No
Child's Medical Conditions/Allergies:			
Other Information:	Please give details of any relevant disability, main language or special dietary requirements		
Authorised collection by anyone other than Parent/Guardian above (if relevant):	Name	Address	Contact No

- I give permission for the instructor/coach staff at the event to seek any necessary emergency medical advice or treatment for my child.
- I have read the Fair Play Policy and event details and discussed them with my child.
- I understand that my child will attend the event from .....am/pm on ..... and be collected by .....am/pm on .....

Signed: ..... Date: .....

## APPENDIX T

### BRITISH TAEKWONDO COUNCIL STUDENT REGISTRATION FORM

<b>Name:</b>						<b>Gender:</b> Male / Female	
<b>Address:</b>							
<b>Postcode:</b>							
<b>Telephone Numbers:</b>		<i>Home</i>				<i>Mobile:</i>	
<b>Date of birth:</b>							
		<i>Day</i>		<i>Month</i>		<i>Year</i>	
				<i>Age</i>		<i>School Year</i>	

#### DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with “a physical or mental impairment that has substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities”.

**Do you consider yourself to have a disability?** Yes  No

**If yes, what is the nature of your disability?**

<b>VI</b>	Visual impairment	<input type="checkbox"/>	<b>HI</b>	Hearing impairment	<input type="checkbox"/>	<b>PD</b>	Physical disability	<input type="checkbox"/>
<b>LD</b>	Learning disability	<input type="checkbox"/>	<b>MD</b>	Multiple disability	<input type="checkbox"/>	<b>O</b>	Other (please specify)	

#### EMERGENCY CONTACT DETAILS

In case of an emergency during the activity, please could you write down a contact name and telephone number in addition to your own.

<b>Full Name:</b>							
<b>Telephone No:</b>	<i>Home:</i>			<i>Mobile:</i>			
<b>Relationship to participant:</b>							

#### SPORTS EQUITY MONITORING

The British Taekwondo Council is committed to promoting and developing sports equity in line with our Equity Policy and our Fair Play charter. By monitoring the profile of young people we can continue to develop programmes to include all young people in all of our activities.

**What is your ethnic group? Please TICK the most appropriate from the section below:-**

<b>W</b>	<b>White</b>	<input type="checkbox"/>	<b>W1</b> British	<input type="checkbox"/>	<b>W2</b> Irish
W3 Any other white background (please specify) _____					
<b>D</b>	<b>Dual</b>	<input type="checkbox"/>	D1 White and Black Caribbean		
<input type="checkbox"/>	D2 White and Black African	<input type="checkbox"/>	D3 White and Asian		
<input type="checkbox"/>	D4 Any other mixed background (please specify) _____				

<b>A Asian or British Asian</b>	<input type="checkbox"/> A1 Indian
<input type="checkbox"/> A2 Pakistani	<input type="checkbox"/> A3 Bangladeshi
<input type="checkbox"/> A4 Any other Asian background (please specify) _____	
<b>B Black or Black British</b>	
<input type="checkbox"/> B1 Caribbean	<input type="checkbox"/> B2 African
<input type="checkbox"/> B3 Any other Black background (please specify) _____	
<b>C Chinese or other ethnic group</b>	<input type="checkbox"/> C1 Chinese
<input type="checkbox"/> C2 Any other (please specify) _____	

### MEDICAL INFORMATION

Please tick if you suffer from any of the following:	Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Are there any other medical details you feel we should know about?						
<input type="checkbox"/> Please tick if you give consent for emergency medical treatment to be administered						

### CONSENT FROM PARENTS

My child is in good health and I consider him/her capable of taking part in the Active Sports Activity. I also understand that while coaches and Active Sports personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered to my child.

I am aware that photographs will be taken during the Tae Kwon Do training/events for promotional purposes, and give consent for my child to feature in such photos. (Please tick)

Parent/Guardian Name:	(please print)
(must be person with legal parental responsibility)	
Signature of Parent/Guardian:	
Date:	

*Information disclosed is protected under the Laws of the 1998 Data Protection Act*

# UK TAEKWONDO DEVELOPMENT COUNCIL

## INDIVIDUAL MEMBERSHIP APPLICATION FORM

### Information for the applicant.

#### Licence, Grading Record Book and Insurance

Full members should receive the Licence Book within 4 weeks of application. **The Licence fee includes members insurance (full members)**. Ask to see the Schedule of Insurance. If you wish to make a claim under the UKTDC Accident and Public Liability Insurance Policy you must notify Membership Services in writing within 14 days of the accident occurring.

*Failure to do so may result in claim rejection.*

#### Medical Disorders.

Applicants who suffer from any medical disorder must attach to this form a letter from their doctor confirming that they are fit to practice Taekwondo. *Failure to do so may invalidate insurance cover.*

#### Kup Examinations. (Full member clubs)

Kup (9<sup>th</sup> to 1<sup>st</sup> Kup) grading examinations can only be conducted by a registered UKTDC 4<sup>th</sup> Dan or higher grade. All successful candidates must be given a certificate within 4 weeks of the examination.

#### Dan Examinations. (full & Associate clubs)

Full UKTDC members resident in the UK are required to take their Dan promotion tests at a sanctioned UKTDC Dan grading.

UKTDC associate Group members resident in the UK are required to take Dan promotion tests at a sanctioned associate member Group Dan grading.

UKTDC Licence holders may not grade at any other Dan promotion test within the UK without first obtaining the permission of the UKTDC National Executive in writing (permission will not be unreasonably withheld). All UKTDC full and associate members shall have their grade registered with Kukkiwon

#### Database.

The information (except medical records) given on this form will be entered into the database and is for exclusive use by the UKTDC.

If you do not wish your data to be stored tick here:

#### Acknowledgement.

I acknowledge that I have been informed of the potential risks of practicing Taekwondo. I apply for membership of the UKTDC and agree to comply with the rules and regulations of the UKTDC.

To be signed by the applicant if aged 18 or over, or the applicants parent or guardian where the applicant is under 18 years old.

Applicant . . .  Parent/Guardian . . .

Signed . . .

Dated . . . . .

EMAIL

Please use this space for any supplementary information

### To be completed by Full Member Clubs Only

Ins/Sec . . .

Club Name :

Club info	Region	Club No.	Branch
	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>

**ALL boxes should be completed in BLOCK CAPITALS.**  
INSURANCE MAY NOT BE GRANTED IF ANY BOX IS LEFT BLANK

New: . . . . .  Renewal: . .  Tick box

Surname: . . . . .

Forenames: . . . .

Address: . . . . .

Post Code: . . . . .

Telephone No: . .

Occupation: . . . .

Date of Birth: . .

Female . . . . .  Male . . . . .

Grade of Applicant: . . . .  **Dan / Kup (circle)**

Instructor . . . . .  Student . . . . .

**Applicants Renewing their Annual license to complete this section**

UKTDC Membership No :

Expiry Date

Club No (Inc Branch) . . . .

Expiry Date : . . . . .

**DAN APPLICANTS ARE REQUESTD TO COMPLETE THIS SECTION LAST GRADE ONLY FOR RECORDING AND DATABASE PURPOSES ONLY**

DAN POOM	DATE	KUKKIWON No	Other certificate (name)
2 <sup>nd</sup>			
3 <sup>rd</sup>			
4 <sup>th</sup>			
5 <sup>TH</sup>			
6 <sup>TH</sup>			
7 <sup>TH</sup>			

### To be completed by associate & registered Members Only

Ins/Sec . . .

Association Name

Contact Number

Instructor or Secretary Sign here

Dated