

Application to join: TKD Kubz Mon Mini-Kids Wed Mini-Kids Thu Mini-Kids Mon & Wed Family Class

Family Name: _____ First Name: _____

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

Occupation: Child / Student Other: _____

Any medical conditions we should know of? _____

TKD Kubz Uniform Size (included in Starter Pack): 100cm 110cm 120cm 130cm

CONTACT DETAILS

Address: _____

Telephone No. (0) H: _____ Mobile: (02) _____

Email Address: _____

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

Any previous martial arts experience? yes no Details _____

[For children] Name of Parent or Guardian _____

[For children] Parent's Occupation (optional) _____

How did you hear about us? Word of Mouth Website KiwiSport Newspaper Radio

Poster Leaflet/flyer Demonstration Other _____

Would you like to join our Facebook Group? Yes No Your Facebook name: _____

PAYMENT

Kubz Starter Pack / TKD Joining Fee attached or Paying by Internet banking

Monthly Training Fee ap form attached or Paying by Internet banking

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 ITKD Website and can be altered at any time without notice: www.itkd.co.nz/members*

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: _____