



GLOBAL TAEKWON-DO INTERNATIONAL
LICENCE APPLICATION/RENEWAL

태권도

PLEASE USE **BLOCK** CAPITALS AND COMPLETE EVERY FIELD

SURNAME..... FIRST NAMES.....

MR/MRS/MISS*etc.*..... D.O.B..... AGE.....

HOUSE No. & STREET

POST TOWN..... COUNTY.....

POSTCODE..... TELEPHONE.....

E-MAIL

LICENCE No..... EXPIRY DATE.....

GTI SCHOOL (Town)..... GRADE.....

NEW RENEWAL LATE RENEWAL* (*tick one*)
(£3 Late Penalty Fee Enclosed)*

DO YOU SUFFER FROM ANY OF THE FOLLOWING? (*Tick if yes*)

Heart Disorders * Asthma Migraine Hemophilia Dyslexia

Hay Fever Diabetes Epilepsy Nervous Disorders

Other Disabilities/Injuries:

***NB:**
• Completion of form G1A is also compulsory for anyone declaring a heart condition.
• Other declared health conditions, may, at the Instructor's discretion, also require completion of a G1A.

..... (*If necessary continue on the back of this form*)

HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE? YES NO
(If yes, an explanatory letter must accompany this form)

HAVE YOU EVER BEEN REFUSED MEMBERSHIP OF ANY MARTIAL ARTS SCHOOL/ASSOCIATION?
(If yes, an explanatory letter must accompany this form) YES NO

PHOTOGRAPHY DISCLAIMER: I understand that the GTI and its individual Instructors may at times make use of photographic images of GTI members for the promotion and/or teaching of Tae Kwon-Do.

I agree to abide by the rules and regulations of the GTI and understand that Martial Arts practice can carry a risk of injury.

MEMBERS SIGNATURE..... DATE.....
(PARENTS IF UNDER 18)

INSTRUCTORS SIGNATURE..... DATE.....

NB. GTI membership is inclusive of student to student liability insurance which is obligatory by law.

Notes: