



# ITF ENGLAND

## INTERNATIONAL TAEKWON-DO FEDERATION OF ENGLAND REGISTRATION

### Personal Information

We require you to **complete** the form below in full, using **BLOCK CAPITALS**:

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_  
(Competitors Full Name, as shown on their Passport)

Sex:  Male  Female

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Tel No: \_\_\_\_\_ Mob. Tel. No: \_\_\_\_\_

Email: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Nationality/Passport: \_\_\_\_\_

### Taekwon-Do Information

Current Grade: \_\_\_\_\_ ITF Cert. No.: \_\_\_\_\_

BTC Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Weight / Kg: \_\_\_\_\_ Height / cm: \_\_\_\_\_

Dobok Size / cm: \_\_\_\_\_ Shoe Size / UK: \_\_\_\_\_

### TKD School Information

National Governing Body: \_\_\_\_\_ TKD School: \_\_\_\_\_

Instructor: \_\_\_\_\_ Instructors Contact No.: \_\_\_\_\_

## Tournament History

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

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## 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 England if I wish to train and make selections for any of the major International competitions. I will inform ITF England administration if any of the above details change during the year.

I have filled out the Medical form and supplied it with this application

I have enclosed a completed copy of the Standing Order Form

I have enclosed a colour photocopy of my passport

Tick boxes above if correct

Signed: \_\_\_\_\_  
(Competitor)

For applications by students under 16 years of age;

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

Signed: \_\_\_\_\_  
(Parent or Guardian). *Please also print name*

## Official use only

Year of the registration form: \_\_\_\_\_

Medical form received  tick if correct

Yearly payment received  tick if correct      This is a New Application

ITF England membership number: \_\_\_\_\_