



# Joining Application

Family Name: \_\_\_\_\_ First Names: \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Address: \_\_\_\_\_

Telephone No. ( 0 ) H: \_\_\_\_\_ W: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: (02 ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_ yrs

Occupation: \_\_\_\_\_

For children, please give name of parent or guardian \_\_\_\_\_

Any medical condition your instructor should know of? \_\_\_\_\_

Are there other family members training? yes no Who? \_\_\_\_\_

Any previous martial arts experience? yes no Details \_\_\_\_\_

How did you hear about us? Word of Mouth Website Newspaper Radio Poster  
Leaflet/flyer Demonstration Yellow pages Television Other \_\_\_\_\_

## 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 International Taekwon-Do Website and can be altered at any time without notice: [www.itkd.co.nz/terms.php](http://www.itkd.co.nz/terms.php)

## 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: \_\_\_\_\_