Grandmaster Howard's Dojang – Cabra
Republic of Ireland Taekwon-Do Association *(Est.1972)*
Taekwon-Do Tigers
Membership Application Form (Junior Members)

Name: _____ Male/Female: _____

Date of Birth: _____ Age: _____ Nationality: _____

Address: _____

Parent/Guardian's Contact Details in Case of Emergency: (Please print clearly):

Name: _____ Mobile No.: _____

E-mail address: _____ Home Tel No.: _____

You will be sent SMS text messages with class information e.g. cancelations. If you do not wish to receive them, please tick here

MEDICAL HISTORY INFORMATION (details of any know allergies/conditions/medications):

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

OTHER INFORMATION

Any other special needs, requirements or directions that would be helpful for instructors to know about:

Grandmaster Howard's Dojang – Cabra
Republic of Ireland Taekwon-Do Association *(Est.1972)*
Taekwon-Do Tigers
Membership Application Form (Junior Members)

PARENTAL/GUARDIAN CONSENT

Photographs: *I understand & consent that photographs will be taken during or at Taekwon-Do events and may be used in the promotion of Taekwon-Do.*

I hereby consent to the above child participating in activities of the Grandmaster Howard's Dojang including sanctioned tournaments. I will inform the instructors of any changes to the information above. I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to all activities. I am fully aware of the risks involved in being instructed in the martial arts and I agree not to hold anyone liable for any injuries sustained.

Parent or Guardian's Signature: _____ Date: _____