

ULTIMATE TAEKWON DO JAMAICA

MEMBERSHIP REGISTRATION FORM

Surname: _____ First Name: _____

Address: _____

Date of Birth: ____/____/____ Phone: Home: _____ Work: _____
Year / Month / Day

Phone mobile: _____ Email address: _____

Occupation: _____ Company/School: _____

Address: _____

Emergency Contact Information

Name: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Participation in any training session or club activity does not make students or instructors responsible for any physical or psychological injury incurred as a result of aforementioned participation. Membership Fees are non-refundable.

Signature of Applicant: _____ Date of application: _____

Signature of Parent/Guardian (if under 18 years): _____

THIS SECTION FOR USE BY OFFICIAL ONLY

Student Number: _____

Expiry Date: _____

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PHOTOS