



National Elite Kyorugi Team Application Form

Only members over 12 years of age and above 6th Kup

Budo Pass No:

PHOTO
4 cm x 3 cm

Personal Details (fill in BLOCK letters)

Name:

Address:

Town/City: Postal Code:

I.D No.: Passport No.: Date of Birth:

Nationality: Marital Status:

Occupation:

e-mail (1):

e-mail (2):

Tel(Home): Tel(Work): Cellular:

Name of Club:

Current Rank: *Kup/Dan* Number of Medals achieved: Gold

Competition Experience: Local Foreign Silver

Bronze

Terms and Conditions

The Malta Taekwondo Federation (MTF) has the right to refuse any application, or to withdraw any application already issued without giving any reason whatsoever for its actions. Members are to abide by the rules and bye-laws of the MTF as established by the federation statute and by any alterations and additions thereto. It is very important that members read the statute carefully.

Each member must undergo a medical examination prior to the commencement of any exercise. Any health problems must be notified to the National Coach. Whilst all due care shall be taken by the Coach during the training sessions, members accept to exercise at their own risk.

The MTF is not to be held responsible or liable for any damage or injuries sustained to members during training sessions or during participation in events both locally and abroad.

Declaration

By signing this form, I hereby declare that all information given is correct, and that I shall abide by the terms and conditions set above and by the statute of the Malta Taekwondo

Data Protection

On signing this form the member is giving his consent to the MTF to store and share with its affiliated clubs personal information in the course of its administration and the posting of information on the website in different medium formats such as photos to promote its events relative to the sport and art of Taekwondo. The information given on this form is for the sole use of the MTF and will not be given out to any other third party without the member's consent.

Should the member not wish to appear in such photos kindly tick box.

Signature of Applicant

**Parental / Guardian
Signature**

(if under 18 years of age)

**Parental / Guardian
I.D./Passport No.**