



Colour Belt Squad Development

Republic of Ireland Taekwon-Do Association (Est.1972)



Personal Details:

Name: _____ Date of Birth: _____

Address: _____

Mobile No/ (or Parent's): _____ eMail: _____

Taekwon-Do Details:

Grade: _____

RITA Number: _____ Expiry date: _____

Name of School: _____

Instructor's Name & Grade: _____

Statement of Consent for all Members

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 (or as the guardian for the child named on this form) hereby consent to participating in activities of the CBS 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.

Data Protection: The data collected on this form will only be used for the purpose of the CBS administration and the R.I.T.A. (National Governing Body) and will not be disclosed to any other external sources without your express written consent. By signing this form you are consenting to the CBS holding your information for the duration of your membership (plus 2 years) for use in CBS matters only.

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.

- I agree to inform my instructor immediately of any change in my medical condition.
- 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 I may sustain
- I declare that the statements and particulars given above are, to the best of my knowledge and belief, true and complete.

Signature (or Parent's/Guardian's if U18) _____ **Date:** _____

Please return this form with your **VALID RITA MEMBERSHIP CARD** to your coach at the next session