



Livingwell Taekwondo Academy

www.livingwelltkd.com

MEMBERSHIP/RENEWAL INFORMATION

Surname _____

Forename(s) _____

Address _____

Address _____

Town/City _____ Postcode _____

Telephone – Home _____

Telephone – Mobile _____

Email (compulsory) _____

Date of Birth _____ Gender Male/Female

Nationality _____

Disability or Medical condition (if applicable) _____ Yes/No (If yes please state reason below)

DECLARATION

I acknowledge that I have been informed of the potential risk of practising Taekwondo. I apply for membership of MAGB and agree to comply with the rules and regulations of the organisation.

Signature _____ Date _____

(Applicants if 18 or over/Parent Guardian if under 18)