**

**International Taekwon-Do Federation-Vlaanderen vzw (ITF-VL vzw)**

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| *Ev.Photo* | *Sticker social security - mutuelle*  |

**APPLICATION FORM - MEDICAL FORM**

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| Surname &Name : Adress: Postal code: Place :  | Sexe : Male / FemaleDate of birth: Place and Country : Nationality:  |
| Contact number :  Contact person : E-mail:  | Person is able to practice Sport/Taekwon-do:* Recreational: Yes /No
* Competition: Yes /No

Remarks :   |
| Date, signature and stamp doctor  |  Signature (or parents in case of minor -18) |

*With the signature of this form I agree on the fact that my personal data will be used for my affiliation with the club and federation, and for insurance purposes.*

*I agree on receiving newsletters and other information of the club, and on activitites organised by club and federation.*

*I know that pictures can be published on the website and/or Facebook. If I do not agree, I need to explicitely report this.*