**



**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 / Female  Date 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.*