# British Tae Kwon Do Council

## Northern Office

**130 Barrows Green Lane. Widnes. Cheshire. WA83JJ**

Tel: 0151 424 9466

**email:** [**beddows64@btinternet.com**](mailto:beddows64@btinternet.com) **• Website: www.tkdcouncil.co.uk**

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# INSTRUCTOR INDEMNITY / REGISTRATION APPLICATION FORM 2024

Please complete all sections

|  |  |
| --- | --- |
| **Name** | **Grade** |
| **Association** | **Date of Birth** |
| **Home Address**  **……………………………………………………………………………...................................**  **Town**  **………………………………………………………………………………………………………………**  **County**  **……………………………………………………………………………………………………………….**  **Post Code ………………………………………………………..** | **Club Name**  **……………………………………………………………………………………………………….. Address**  **……………………………………………………………………………………………………….. Town**  **……………………………………………………………………………………………………**  **County**  **………………………………………………………………………............................**  **Post Code** |
| **Tel No**  **……………………………………………………………………………………..........................**  **BTC Registered Instructor No** | **Club Website** |
| **e mail** |  |

Please print e mail address clearly so it can be understood.

**Insurance Information**

|  |  |
| --- | --- |
|  | **Group 1** |
| **INDEMNITY** | **10,000,000** |
| **PUBLIC LIABILITY** | **10,000,000** |

|  |  |  |
| --- | --- | --- |
| **INSTRUCTOR STATUS**  **please mark with X** | **NEW APPLICATION** | **RENEWAL** |

Please sign and return to your Associations Head Office

I would like to apply for Indemnity Insurance. I also declare that to the best of my knowledge there are no known incidents or circumstances that might give rise to a claim, or lead to my application being refused by the British Taekwondo Council.

## Signature …………………………………………………………………………………. Date………………………………………….

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