

Gup Number:

Black Belt Number:



The Malta Tang Soo Do Association is an organisation of individuals whose goal is to further the art of Tang Soo Do while preserving the unique heritage and traditions of this time honoured art. Members of the IMA work towards the proliferation of the art throughout the world.

Please Fill out this Student Form and hand it back a.s.a.p.

Thank and Regards,  
Master Wallace

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### **Student Information**

Student's name \_\_\_\_\_ Date of Birth (dd/mm/yy) \_\_\_\_\_

Student's ID card no. \_\_\_\_\_ Blood type \_\_\_\_\_

Home address \_\_\_\_\_

Home telephone no. \_\_\_\_\_ Mobile no. \_\_\_\_\_

Parent's/Guardian's name 1 \_\_\_\_\_ Contact no. \_\_\_\_\_

Parent's/Guardian's name 2 \_\_\_\_\_ Contact no. \_\_\_\_\_

Contact Email address: \_\_\_\_\_

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### **Medical History**

Medical/Surgical history \_\_\_\_\_

Known Allergies \_\_\_\_\_

Medications taken regularly \_\_\_\_\_

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Students are under an obligation to inform the Malta Tang Soo Do of any change in their medical condition. This must be done through the form attached with the grading form.

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**Permission to use photographs and videos**

I authorise the Malta Tang Soo Do Association (including its related entitles) to use photographs or videos of myself /son or daughter, for any type of media including and not limited to its website. I understand that I will not be paid or rewarded for providing this authorisation.

Student signature \_\_\_\_\_  
(if over 18)

Parent's /guardian's signature \_\_\_\_\_  
(for students below the age of 18)

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I declare that the above information is truthful;

Student's signature \_\_\_\_\_  
(if over 18)

Guardian's signature \_\_\_\_\_  
(for students below the age of 18)

Date: \_\_\_\_\_

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