



**WOMEN'S SELF DEFENCE APPLICATION FORM:**

Student's name \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_

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

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

Contact Email address:-----

Medical History \_\_\_\_\_

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

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

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

Permission to use photographs and videos

I authorise the Malta Tang Soo Do Association (including its related entities) to use photographs or videos of myself ,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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please hand this application form in on your first scheduled lesson along with the payment of Euro 20.

Master Wallace