

# **British Tae Kwon Do Council**

#### **Northern Office**

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## **INSTRUCTOR INDEMNITY / REGISTRATION APPLICATION FORM 2024**

### Please complete all sections

Name	Grade
Association	Date Of Birth
Home Address	Club Name
Town	Address
County	Town
	County
Post Code	
	Post Code
Tel No	Club Website
e mail	
BTC Registered Instructor No	

### Insurance Information

	Group 1	
INDEMNITY	10,000,000	
PUBLIC LIABILITY	10,000,000	

INSTRUCTOR STATUS	NEW APPLICATION	RENEWAL
please mark with X		KENEWAL

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.