

VISWA RAJBANSHI UNNAYAN MANCHA

Social Organization & NGO, Reg. No. S0011005 of 2019-2020



FREE TAEKWONDO TRAINING CENTRE

STUDENT REGISTRATION FORM

Student Photo

Centre Location: _____

Registration No.: _____ **Date of Registration:** _____/ _____/ _____

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1. STUDENT DETAILS

Full Name of Student:

_____

Date of Birth: _____/ _____/ _____ **Gender:** ☐ Male ☐ Female ☐ Other

Blood Group (if known): _____ **Aadhaar/ID No. (Optional):** _____

School/College Name: _____

Class/Grade: _____

Previous Taekwondo Experience (if any): _____

Current Belt Grade (if previously trained): Not Applicable [ ] White [ ] Yellow [ ]

Green [ ] Blue [ ] Red [ ] Black [ ]

2. PARENT / GUARDIAN DETAILS

Father's Name: _____ **Mobile No.:** _____

Residential Address:

_____

_____

Village/Town/City: _____ **Post Office:** _____ **Police Station:** _____

District: _____ **State:** _____ **PIN Code:** _____

3. EMERGENCY CONTACT

Emergency Contact Person: _____ **Relationship:** _____

Mobile No.: _____

4. MEDICAL & SAFETY INFORMATION

Please provide any information that the instructor should know for the student's safety.

Registered Address: Vill. Napit Para, P.O. Boalmari, Jalpaiguri – 735122
viswarajbanshi2019@gmail.com
https://vrum19.org

Does the student have any medical condition, allergy, injury or physical limitation that may affect training?

☐ No ☐ Yes If yes, please specify:

Details (if applicable): _____

5. STUDENT / PARENT-GUARDIAN DECLARATION

I hereby declare that the information provided in this registration form is true and correct to the best of my knowledge. I understand that Taekwondo is a physical activity involving exercise, movement and controlled martial-arts training. I agree to follow the instructions, discipline and safety rules of the training center and instructors. I understand that the training is provided **free of charge** as a social/community development initiative organized by **Viswa Rajbanshi Unnayan Mancha (VRUM)**. I will inform the instructor/organization about any relevant medical condition, injury, allergy or physical limitation before participating in training. I agree not to hold the organizers, management, instructors, or volunteers liable for any accidental injuries sustained during training, grading, or events. I understand that students are expected to maintain proper discipline, respect instructors and fellow students, and follow the rules of the training center.

For students below 18 years of age

I, the undersigned parent/guardian, give my consent for the above-named student to participate in the free Taekwondo training programme organized by Viswa Rajbanshi Unnayan Mancha.

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ **Date:** _____/ _____/ _____

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6. FOR OFFICE USE ONLY

Registration No.: _____ **Student ID No.:** _____

Batch: _____ **Instructor:** _____

Date of Admission: _____/ _____/ _____

Remarks:

_____

Verified By: _____

Signature: _____

Official Seal:

VISWA RAJBANSHI UNNAYAN MANCHA

Organizing Body – Free Taekwondo Training Programme