



Children's Membership Application Form

Student Name *

--	--

First Name

Last Name

Student Date Of Birth *

--

Student fitness to participate (to be answered by parent / legal guardian if student under 18) *

--

It is vital for a student's safety that any relevant medical conditions are disclosed to the Club (e.g. Asthma, Epilepsy, Heart Disorders, etc.) You must notify us of any medical condition or any other reason that may have relevance to a student's participation in martial arts.

Permission for medical treatment to be administered (to be accepted by parent / legal guardian if student under 18) *

I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child/ward needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

tick box to give permission

Student Declaration (to be accepted by parent / legal guardian if student under 18) *

I accept that neither the Instructor or club can be held liable for any injury which occurs during Club activities. On joining The Red Dragon Martial Arts Club, I agree to accept the club rules and accept that the practice of Martial Arts involves the risk of injury. Karate/Kickboxing is a martial art and contact sport. Students can and do get injured and the club cannot accept responsibility for any such injury, loss or accident arising from your participation in our training, competitions or associated activities and ask that you are aware, agree and accept this by joining our club and/or entering or giving permission to enter any associated competitions, seminars, training sessions etc.

tick box to accept



Children's Membership Application Form

Data Protection (to be accepted by parent / legal guardian if student under 18) *

It is a requirement of the data protection act 2003 that persons give their written authorisation to have their details recorded. By accepting, you are allowing your personal details to be recorded in the Club's database. This database is not distributed to any other third party and is not used for any other functions.

tick box to give permission

Data Protection (to be accepted by parent / legal guardian if student under 18) (copy) *

tick box to indicate I consent to my child/ward being photographed and/or videoed and the material being published by the club for promotional purposes

tick box to indicate I do not consent to my child/ward being photographed and/or videoed but accept that it could happen by accident or outside of the clubs control

Please note that if you do not agree to your child being photographed/videoed and published on the club website and/or social media page for whatever reason, we will do our best not to hurt their feelings but they may be asked to step aside if such photos or video are being taken. The club accepts no responsibility should a parent, legal guardian or other member breach our photography/video policy and publish photos/video that include your child/children. Although this will be monitored it is out of our control.

Parent / Legal Guardian Details *

--	--

First Name

Last Name

--	--

Email Address

Phone Number

Any additional comments

--

Please add any addition comments that are not covered above, and you feel are relevant.