

Membership application form

Student Details

Membership No:

Insurance No:

First Name(s) Surname Sex M/F*
(*delete as appropriate)

Address

..... Postcode

Home Telephone Date of Birth Age

PARENT OR GUARDIAN

First Name(s) Surname

Relationship to Student Email

Tel: Home Tel: Daytime Tel: Mobile

EMERGENCY CONTACT DETAILS

First Name(s) Surname

Relationship to Student Email

Tel: Home Tel: Daytime Tel: Mobile

Address

..... Postcode

MEDICAL

IS THERE ANY MEDICAL CONDITION OR OTHER CIRCUMSTANCE OF WHICH YOU WOULD LIKE THE SCHOOL TO BE AWARE? YES/NO* IF YES, please give details.

Any medical information provided is used only for the purpose of ensuring that appropriate arrangements are made to enable a Student to participate in classes without danger to their health and, in the event of a medical emergency, to be provided to the emergency services

DECLARATION

I declare that the information given in this application is correct and hereby undertake that will abide by the terms and conditions of Sussex Kobudo. (Copy available on request.)

Signature of Parent or Guardian Date

By ticking this box I give permission for my son/daughter to make their own way home unsupervised.

Please click here if you object to us taking photos/Video clips for display on our website or facebook page