|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Student registration of membership and Insurance** | | | | | | | | | | | |
| davelogowhitered1ou[Reset this page?](http://www.kanjisite.com/html/start/rhsindex.html)  [Reset this page?](http://www.kanjisite.com/html/start/rhsindex.html)  shi_tsuka 1  [Reset this page?](http://www.kanjisite.com/html/start/rhsindex.html)  [Reset this page?](http://www.kanjisite.com/html/start/rhsindex.html)  [Reset this page?](http://www.kanjisite.com/html/start/rhsindex.html)  [Reset this page?](http://www.kanjisite.com/html/start/rhsindex.html) | Name  Address | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Date of birth  Membership  Grade & Style  Contact No.  E-mail  Any disabilities or medical conditions  Occupation  (Parent)  Coaches name  Previous Martial arts experience | | | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ CHILD □ ADULT □ MALE □ FEMALE □  NEW □ / FORMER MEMBER – Joining date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  We send events, gradings, courses and important information via e-mail  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| In case of an emergency – Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I would like to exclude my child from class or promotional photographs □  By signing this membership I understand that;   * as a martial art an acceptable level of contact is required by the participants. * as a fighting/military art injuries may occur from time to time including but not limited to bruises, sprains, fractures, grazes etc. * Mountain Warriors coaches will in the event of any injury or illness take all reasonable steps contact me, and to deal with that injury/illness appropriately. * I will be kept informed of these activities – for example timing and transport details.   Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Signature (Parent or Guardian if under 16) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  By signing this completed form, I agree to my son/daughter/child taking part in the activities of the club. | | | | | | | | | | | |
| **Yearly Membership Fee - (£20)**  Please make cheques payable to - **Mountain Warriors Ltd** | | | | | | | | **□ Cheque or** | | | **□ Cash** |
| **Intake** | | | | | | | | **□ Spring** | | | **□ Autumn** |
|  | |  |  |  |  |  |  | |  |  |  | |
| Please send completed form and payment to - **The Secretary, 24 Hillford Place, Redhill, Surrey RH1 5AU** | | | | | | | | | | | |