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| **Student registration of membership and Insurance**  |
| davelogowhitered1ouReset this page?Reset this page?shi_tsuka 1 Reset this page?Reset this page?Reset this page?Reset this page? | NameAddress | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_ |
| Date of birthMembershipGrade & StyleContact No. E-mailAny disabilities or medical conditionsOccupation(Parent)Coaches namePrevious 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** |