



**MEMBERSHIP APPLICATION FORM - YOUTH MEMBER**

Surname  Forenames  Date of Birth  Age Last Birthday

Parent / Guardians Names

Parent / Guardians Address

Home Phone  Mobile Phone  Email

It is important that the Instructors at the Club are aware of any existing medical conditions of young members, asthma or epilepsy, for example. This will enable instructors to make appropriate risk assessments, and allow safety preparations in case of emergency. If you child has any medical condition, you should detail the condition, its effect and medication required on the reverse of this form, and tick this box to indicate that you have done so.  YES

Sometimes photographs and video images of Karate students taking part in activities are submitted to local newspapers and websites, used in publicity material or put on display. When this is done, stringent child protection precautions are applied, to ensure that individuals shown cannot be linked to full names or other personal information.

YES I am willing for images of my child to be used in this way

NO I am NOT willing for images of my child to be used in this way

Please indicate your wishes on this matter by ticking the appropriate box.

Signed  Date

Name



**MEMBERSHIP APPLICATION FORM - YOUTH MEMBER**

Surname  Forenames  Date of Birth  Age Last Birthday

Parent / Guardians Names

Parent / Guardians Address

Home Phone  Mobile Phone  Email

It is important that the Instructors at the Club are aware of any existing medical conditions of young members, asthma or epilepsy, for example. This will enable instructors to make appropriate risk assessments, and allow safety preparations in case of emergency. If you child has any medical condition, you should detail the condition, its effect and medication required on the reverse of this form, and tick this box to indicate that you have done so.  YES

Sometimes photographs and video images of Karate students taking part in activities are submitted to local newspapers and websites, used in publicity material or put on display. When this is done, stringent child protection precautions are applied, to ensure that individuals shown cannot be linked to full names or other personal information.

YES I am willing for images of my child to be used in this way

NO I am NOT willing for images of my child to be used in this way

Please indicate your wishes on this matter by ticking the appropriate box.

Signed  Date

Name