



Sei-Shin Kan School of Karate Reading Taijiquan Academy



ADULT & CHILD SCHOOL MEMBERSHIP FORM

STUDENT PERSONAL DETAILS

Name						
Male <input type="radio"/>	Female <input type="radio"/>	Age	Date of Birth			
Address						
Postcode						
Telephone		Mobile				
Email						
Where did you hear about the club?						
Leaflet <input type="radio"/>	Facebook <input type="radio"/>	Website <input type="radio"/>	Poster <input type="radio"/>	Advert <input type="radio"/>	Friend <input type="radio"/>	Other <input type="radio"/>

MEDICAL/INJURY DETAILS

Detail any medical conditions/allergies that we should be aware of?

Please provide details of any medication that must be administered

Any past or current injuries that we should be aware of (please include details)?



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EMERGENCY CONTACT

Name	Relationship
Address	
Postcode	
Telephone	Mobile
Email	
Signed	Date

PARENT OR GUARDIAN – FOR MEMBERS UNDER 18

Name (block capital)	
Email (write clearly)	
Mobile Phone Number (write clearly)	
Parent or Guardian Signature	
Signed	Date

DATA PRIVACY – Sei Shin School of Karate and Reading Taijiquan Academy, Reading will hold your personal data for School purposes in accordance with the School data privacy policy and the guidance of Sport England.

Please tick to confirm that you understand

PHYSICAL ACTIVITY – Sei Shin School of Karate and Reading Taijiquan Academy, Reading are sports clubs created and run to develop martial arts skills and fitness. Sports clubs involve physical activity and physical contact.

Please tick to confirm that you understand

CONVICTIONS/EXCLUSIONS – Please confirm that you (student) have no criminal convictions or exclusions for violence or sexual offences. Signed

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