

Middlesex Shotokan Karate Club

www.middlesex-shotokan-karate.co.uk

www.facebook.com/MSKCommunity



Membership Registration Form to be completed in BLOCK CAPITALS only.

First Name		
Middle Name(s)		
Surname		
Date of Birth		
Full postal address		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Height (cm)		

Contact Details

Telephone Number	
Mobile Number	
Email Address	

Emergency Contact Details

Full Name	
Telephone Number	
Mobile Number	
Email Address	

Medical History

Please tick if you suffer/have suffered from any of the following conditions:

Allergies	<input type="checkbox"/>	Blood Disorder	<input type="checkbox"/>	Nervous System Disorder	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Respiratory Disorder	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Musculoskeletal Disorder	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Varicose Vein / DVT	<input type="checkbox"/>	HIV or AIDS	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	Cardiovascular Disorder	<input type="checkbox"/>	Other	<input type="checkbox"/>

*If you have ticked any of the above, please provide **full** details below:*

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Criminal History

Have you been charged or convicted with any criminal offence?

YES

NO

If YES, please provide details below:

Fees

£45.00 Juniors (*under the age of 16*)

£50.00 (*16 years and above*)

Please make payments via Bank Transfer, quoting ‘MSK’ and your **name** as a reference.

Bank Name: NatWest Bank PLC

Account Name: Middlesex Shotokan Karate

Account Number: 04626850

Sort Code: 54-21-18

Declaration

I declare that the above information is true and correct and I will abide by the policies and procedures as specified by Middlesex Shotokan Karate Club. I accept that the practice of any Martial Arts Combat Sport can involve the risk of serious injury.

I enclose one passport size photograph with this Registration form, and I have transferred the correct membership fee via Bank Transfer quoting ‘MSK’ and _____ as a reference.

Signed: _____ (*Student 18 years plus*)

Signed: _____ (*Parent/Guardian of student under 18 years*)

Date: _____

Disclaimer *Personal information provided on this form will only be used by Middlesex Shotokan Karate Club for the purpose of administration and student safety. Middlesex Shotokan Karate Club will not disclose any information to other organisations unless required to do so by law. Middlesex Shotokan Karate Club reserve the right to decline the registration without stating the reason.*

Photography/Filming Consent

Middlesex Shotokan Karate Club we will not permit photographs, video or other images of young people to be taken without the consent of the child or the parent if the child is under 16.

We will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform Middlesex Shotokan Karate Club immediately.

To be completed by parent (*if child is under the age of 16*):

- I give permission for my child’s photograph to be used within other printed publications
- I give permission for my child’s photograph to be used on the MSK’s website
- I give permission for my child to be videoed for use on the MSK’s website
- I give permission for my child’s photograph to be used on the MSK’s social media pages
- I give permission for my child to be videoed for use on the MSK’s social media pages

Signature of parent/guardian:

Print name of parent/guardian:

Date:

If over 16, it’s still good practice to inform parents that photographs/videos of their child may be used if the child has given consent.

- I give permission for my photograph to be used within other printed publications
- I give permission for my photograph to be used on the MSK’s website
- I give permission for videos of me to be used on the MSK’s website
- I give permission for my photograph to be used on the MSK’s social media pages
- I give permission for videos of me to be used on the MSK’s social media pages

Signature of child:

Print name of child:

Date:	

Official use only:

Registration date: _____

Licence Number: _____

Expiry: _____

FEKO Reference Number: _____