

Student information form

Please fill out the details below as fully as possible. All records are confidential and will be filed according to the Data Protection Act.

Name:

Address:

Postcode:

Tel No:

Mobile No:

Email:

Date of Birth:

Date started training:

Current grade:

Medical information

Any specific medical conditions requiring medical treatment and/or medication?

Yes If Yes, give details:

No

Any allergies?

Yes If Yes, give details:

No

Please provide any special dietary requirements and the type of pain/flu medication that may be given.

Signed _____ (Athlete) Date _____
Parental Consent (to be signed for competitors under 18 years)

I consent to my child taking part in martial arts activities. I acknowledge that the club will be liable in the event of any accident *only if they have failed to take reasonable steps in their duty of care for my child during training*. I understand that the staff have a common law duty to act in the capacity of a reasonably prudent parent (in loco parentis).

I have read the Code of Conduct and agree that my child should abide by this whilst in the care of the club and I understand that a serious or continued breach of this code may result in my child being sent home early at my expense.

I, _____ being parent/guardian of the above named child hereby give permission for the club 1st aider or any trainer to give the immediate and necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature _____ (consent by parent/guardian)

Date _____