

Licence Number:



Date.....	
Payment.....	
Signed.....	
Name of school.....	
<hr/>	
Dundee Elite Kickboxing Brooks Bank Whitfield Parish Church Tel: 07914927057 Email: dundeekick36@yahoo.com	

Registration Form.

Membership Fee. £25

Child's information

surname First name.....

Address

.....
.....

Postcode.....

Telephone

Home.....Work.....Mob.....

.....

Date of Birth.....Age.....

Parent\Guardian's Name.....

EMERGENCY CONTACT INFORMATION

Emergency contact 1

Name.....

Address.....

.....

Telephone.....

Mobile.....

Email.....

Relationship to Child.....

Emergency contact 2

Name.....

Address.....

.....

Telephone.....

Mobile.....

Email.....

Relationship to child.....

MEDICAL INFORMATION

Does your child suffer from allergies. Yes \ No

Please detail.....

Does your child have any conditions we should be aware of. Yes \ No

Please detail.....

Long term medication required Yes \ No

Please detail.....

Self-administered Yes \ No

Any additional needs.....
.....

Doctor

Dentist

Name.....

Name.....

Address.....

Address.....

.....

.....

Telephone.....

Telephone.....

ADDITIONAL INFORMATION

Please detail all information you would like us to know about your child. Anything that would help settle your child into the kickboxing club.

Parents signature..... Date.....

Parents \ Guardians consent and agreement

Please delete as applicable.

I hereby give my **consent\do not give my consent** for my child to receive emergency treatment.

I am aware that my child will occasionally be taken outdoors on foot during training for the session and hereby give my **consent\do not give my consent** for this to happen.

I am aware that during class time photographic images and videos may be taken of my child in order to promote the club. I hereby **give consent\ do not give consent** for this to take place.

I am aware that should my child continue to demonstrate challenging behavior after every attempt has been taken to resolve the situation, the child may be given a period of suspension from the club.

I have read and am aware of all the policies and procedures relating to the club.

Kickboxing is a contact sport and whilst every care and effort will be made to minimise accidents and injuries you should be aware that accidents and injuries can and do happen. The club and instructors cannot accept any responsibility for any injuries and accidents out-with their control. Any person wishing to take part in sparring and competition should ensure that they have the appropriate protective equipment, advice on which will be freely given to everyone who asks.

Please note that in signing this form you declare that you have read and understood the above information and that you accept and understand that all information gathered will be used for the purpose of ensuring the safe training of all members.

Parent's \ Guardian's signature.....

Date.....

Chief instructor signature.....

Date.....

