



# BRIGHTON

## 2014/2015 MEMBERSHIP APPLICATION

FULL NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POST CODE: \_\_\_\_\_

HOME TELEPHONE No. \_\_\_\_\_ MOBILE No. \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

*EMERGENCY CONTACT NAME AND TELEPHONE NUMBER:*

\_\_\_\_\_

LICENCE NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

HEALTH CONDITIONS YOU WOULD LIKE CLUB INSTRUCTORS TO BE AWARE OF  
(e.g. Asthma, Diabetic etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **DISCLAIMER**

**I UNDERSTAND THAT WHILE ISKC STRIVE TO SECURE AS FAR AS REASONABLY PRACTICABLE THE HEALTH, SAFETY AND WELFARE OF IT'S MEMBERS, I FULLY ACCEPT THAT THE PRACTICE OF KARATE IS ENTIRELY AT MY OWN RISK AND ISKC ARE RELEASED FROM ALL RESPONSIBILITY REGARDING PERSONAL ACCIDENT OR INJURY INCURRED THROUGH THE PARTICIPATION OF THIS ACTIVITY.**

**TO ASSIST WITH THE MANAGEMENT OF CLUB MEMBER'S INFORMATION, I GRANT PERMISSION FOR ISKC TO STORE MY DATA ELECTRONICALLY. THIS INFORMATION IS FOR THE USE OF ISKC ONLY AND I UNDERSTAND THIS INFORMATION WILL NOT BE SUPPLIED TO ANY 3RD PARTY.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORISED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

(CLUB SECRETARY / SENIOR INSTRUCTOR)

(VALID UNTIL Oct 1<sup>st</sup> 2015<sup>b</sup>)