



CUCKFIELD

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 Apr 1st 2015^b)