



## Poole Bushido Ju-jitsu Club Membership Application Form



(\*)First Name(s): \_\_\_\_\_

(\*)Surname: \_\_\_\_\_

(\*)Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

(\*)Telephone Number: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

(\*)Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(\*)Emergency Contact Name: \_\_\_\_\_

(\*)Phone Number: \_\_\_\_\_

(\*)Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

(\*)Have you had, or do you currently have, any Medical Conditions, allergies or Injuries: No:  Yes:

If yes, give details: \_\_\_\_\_

(\*)Have you ever been convicted of a criminal offence involving violence: No:  Yes:

if yes, give details: \_\_\_\_\_

The Martial Arts & Fitness Centre ("Centre") is a Community Amateur Sports Club (CASC) and as such every member, or their guardian, is entitled to attend the Club Annual General Meeting and stand for election to the governing committee. As well as the committee the Centre is staffed by volunteers, please indicate below if you would be interested in:

- participating in the governing committee;
- volunteering at the Centre and events supported by the Centre;

From time to time the Centre may wish to contact you, please tick the appropriate box if you do not wish to be contacted for the following reasons:

- notification by Phone, Text or Email regarding ad hoc changes which may affect the regular classes you attend;
- notification by Phone, Text or Email of any Centre events, opportunities, requests, volunteering or other activities that the Centre may be supporting;

By signing this form you agree to the principles of the Martial Arts & Fitness Centre Constitution, its related policies and that the Centre will hold this information in accordance with the Data Protection Act 1998. Under no circumstances will the Centre pass any of the information contained on this form to a third party. In the event that any information contained in the form changes please notify a committee member of the Centre as soon as possible.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

(if under 18 years of age)

Items Marked with (\*) are mandatory and non-completion may result in your application form being returned