



Membership Form. Please complete in BLOCK CAPITALS

Forename (student)		
Surname (student)		
DoB (student)		
Address & Post Code		
Parent/Guardian full name		
E-Mail		
Telephone (mobile)		
Alt emergency contact (name & mobile)	(optional)	
Previous Martial Arts Experience	(style & grade)	
Medical Conditions <i>If you have ticked any boxes, or answered yes to any question, please provide further details on the reverse of this form.</i>	AIDS/HIV <input type="checkbox"/> Hepatitis <input type="checkbox"/> Asthma <input type="checkbox"/> Chest pain <input type="checkbox"/> Detached retina <input type="checkbox"/> Fainting <input type="checkbox"/> Heart problems <input type="checkbox"/> Hernia <input type="checkbox"/> Respiratory disorder <input type="checkbox"/> Allergies <input type="checkbox"/> Back or other musculoskeletal problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Dizziness <input type="checkbox"/> Epilepsy <input type="checkbox"/> High Blood pressure <input type="checkbox"/> <tick applicable boxes> Any other medical condition that may be aggravated by physical exercise? Yes / No Any learning needs? Yes / No Any mental health needs? Yes / No	
Criminal Convictions	Yes / No	
Information you give will be held electronically by the club and used in accordance with our privacy policy located on the club web site (https://www.littleovertkd.co.uk/privacy)		
I understand there may be risk in the practice and learning of Taekwon-do. I agree to abide by the expectations, safe practice and other applicable club policies, and accept the assumption of risk. All published on https://www.littleovertkd.co.uk/club-rules-policies		
Signed (Parent/Guardian for minors)		Date