

**BUCKDEN & BRAMPTON KARATE CLUB
INDUCTION FORM**

COMPULSORY FOR ALL STUDENTS TO COMPLETE PRIOR TO TRAINING

NAME :.....

DATE OF BIRTH:.....

ADDRESS:.....

.....

NEXT OF KIN (CONTACT NAME):.....

CONTACT TEL No:.....**MOBILE No:**.....

EMAIL :

ALTERNATIVE CONTACT & TEL No:.....

SPECIFIC MEDICAL CONDITIONS, ALERGIES OR DISABILITIES etc

.....

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How did you hear about Buckden & Brampton Karate Club?

*Press, Recommendation, Website, Poster, Library, Leaflet,
Other – Please specify:*

I understand it is my responsibility to keep Buckden & Brampton Karate Club informed of any change in the above information.

I agree to abide by the rules and constitution of Buckden & Brampton Karate Club.

I also understand that in no way can Buckden & Brampton Karate Club nor its instructors be held responsible neither for any loss of personal possessions nor for any injury occurring during training or otherwise.

In the case of the above named person being a child I consent to them receiving emergency medical treatment.

Signed.....Name.....Date.....