

ST. NEOTS KARATE CLUB INDUCTION FORM

COMPULSORY FOR ALL NEW ST. NEOTS KARATE CLUB BEGINNERS TO COMPLETE PRIOR TO TRAINING

NAME

DATE OF BIRTH.....

ADDRESS.....

.....

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

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

ALTERNATIVE CONTACT & TEL No.....

SPECIFIC MEDICAL CONDITIONS, ALERGIES OR DISSABILITIES etc.....

.....

.....

How did you hear about ST. NEOTS KARATE CLUB?

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

I understand it is my responsibility to keep St. Neots Karate Club informed of any change in the above information. I agree to abide by the rules and constitution of St. Neots Karate Club. I also understand that in no way can St. Neots 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*.....