

North Cotswolds Aikido Club

Club Membership Application

If the student is under 18 years of age this form MUST be completed by the parent / guardian.

Student Name : _____

Address : _____

Contact Tel No : _____ Emergency Contact Tel No : _____

e-Mail address : _____

Date of Birth : _____ Are you : Male / Female

BAB Licence No : _____ (if applicable) KSK Member No : _____ (if applicable)

Have you completed a ***Fitness to practice declaration*** ? yes no

I would like to pay my class fees* by : pay per class monthly standing order

It is a requirement of the **Data Protection Act 1998** that members give authorization to have their details recorded on a database. By signing below you are allowing your personal details to be recorded. Your details will **NOT** be distributed to any other third party and are **NOT** used for non-aikido related functions.

Signature _____ Date : _____

Name of Parent / Guardian _____
(if completing on behalf of the student)

* Class fees as at October 2012 : £5 per class / £15 per month (subject to change)

To be completed by the club treasurer :

Club Member No : _____

Name : _____

Signature : _____ Date : _____