

# 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 February 2018 : £10 per class / £30 per month (subject to change)

**To be completed by the club instructor :**

Club Member No : \_\_\_\_\_

Name : \_\_\_\_\_

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