



Registration & Disclosure Form

We gratefully ask all adult students (or parents of children) to complete a registration and disclosure form to ensure your instructor and the club are aware of any relevant medical information and contact details prior to training. If you have any questions regarding this form, please speak directly with your instructor before commencing any form of training.

About You

This information is required to identify you in records pertinent to your registration with our governing body.

FULL NAME: _____

ADDRESS

STREET: _____

TOWN / CITY: _____

POSTCODE: _____

DATE OF BIRTH: ____ / ____ / ____

Communication (Note: Applicable to adults and parents of children only)

We'd like to add you to our Facebook Page/[WhatsApp Group](#) so you can quickly and easily communicate with the instructor and fellow students (i.e: with notices regarding classes, to let us know about attendance etc). For more personal matters we would also appreciate your e-mail address, so we can drop you a line directly and in confidence.

PARENT NAME (IF APPLICABLE): _____

PHONE NO: _____

(This is optional. If you include it, we'll add you to our club [WhatsApp Group](#) which you are free to leave at any time).

E-MAIL: _____

Photography & Videography Consent

From time to time we like to share photos or videos of our students with the rest of the club. This may be via Facebook or other media platforms. We may also like to use photos from training to help advertise our class to others.

Are you happy for you or your children to be included in photography, and for it to be used as described above?

YES / NO

(PLEASE CIRCLE AS APPLICABLE).

Club Rules & Disclaimer

We're keen to create a safe, enjoyable space where everyone is free and able to learn martial arts without harassment or intimidation. Our club operates a zero tolerance on bullying or any such harassment during or outside of training. Your instructor is here to keep you and/or your children safe and help you learn – we ask that you please show respect and listen carefully to instructions when given, as they are for your own protection.

Training within our club is done entirely at your own risk, in conjunction with our *assumption of risk form* which you must read and complete before training. We ask that you operate a common-sense approach – it's combat training, you're not made of metal – you might get hurt.

We'll do all we can to protect you and/or your children but injuries can from time to time occur. You agree to undertake training at your own risk and must make reasonable arrangements by your own accord should you require additional insurance for personal accident or liability (Note: through the club you are registered as an Open Allocation Student with the BMABA with £1,000,000 Public Liability Insurance and Personal Accident Cover). Talk to your instructor if you are in any doubt.

Please confirm you are happy to agree to our club rules and disclaimer;

I AGREE

PLEASE CHECK THE BOX & SIGN

CONTINUE TO THE NEXT PAGE

Medical Disclosure

This is really important.

We need to know if you or your children have any past or current medical conditions, injuries or medication that you might need to disclose to your instructor.

This is stored in the utmost of confidence and will be treated with sensitivity. Our instructor needs to know if there are any injuries or conditions present that might heighten your risk of injury or harm when undertaking different exercises and drills.

Should the worst happen and an injury occur, it's essential the instructor is aware of any underlying medical conditions or injuries that might have contributed to, or caused an incident.

Please talk with your GP before training with us if you have any concerns or any medical conditions past or present to ensure it is safe to proceed.

MEDICAL CONDITIONS AND INJURIES

Please think carefully and include any past or present injuries and medical conditions that might affect your ability to participate. This might include, for example, a previously broken left wrist that is now weakened, or a knee that is weak (but has not been investigated by your doctor), or it could refer to a past or on-going condition – such as Asthma or Arthritis.

Please also include details of any allergies you might have.

MEDICATION OR SPECIFIC REQUIREMENTS

We're committed to offering an equal opportunity for everyone to participate regardless of any medical requirements or mobility issues.

Please note any medication you or your children are on that might affect the way you act during the class, or might change your abilities during exercise. Please also note any disabilities you would like noted, or any other requirements you may have.

Unfortunately, our classes are not suitable for anyone who is, or may be, pregnant due to the nature of impact and contact. We won't ask you to confirm you're not pregnant – but please talk to your instructor now, or in the future, should this become relevant.

EMERGENCY CONTACT / NEXT OF KIN

Please indicate who we should be contacting in the unlikely event of an incident.

NAME: _____

CONTACT NO: _____

RELATION: _____

SIGNATURE

I, the above-named student, confirm that the details enclosed in this document are accurate and true to the best of my understanding, and I declare that I am fit to participate.

Child's Name (if applicable):