



LONDON KICKBOXING

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www.londonkickboxing.co.uk

MEMBERSHIP/LICENCE APPLICATION

(Please use BLOCK CAPITAL LETTERS)

Full name _____

Address _____

M/F _____ DoB _____ Occupation _____

Tel _____ Email _____

How did you hear about London Kickboxing _____

Have you recently had any injuries? If yes, please detail: (Use back page if required) _____

Do you suffer from any medical conditions, including conditions that might be associated with a risk of transmission, and/or are taking any medication, that may restrict or prevent you from engaging in physical exercise? If yes, please detail: (Use back page if required) _____

Have you ever been convicted of a violent criminal offence or have been on the National Sex Offenders List? _____

I wish to apply for membership and Licence of London Kickboxing. I understand that there are inherent dangers in the practice of kickboxing and/or allied activities. I hereby undertake to take part in the club's activities entirely at my own risk. I shall not hold responsible London Kickboxing, its directors, officials or instructors, or any of my fellow members, for any injury I may sustain. In the event of an injury, I hereby consent to receiving First Aid assistance by qualified London kickboxing's Instructors or fellow practitioners. I understand that my membership is non-transferable. All the information given on this form is true to the best of my knowledge.

Signature _____ Date _____
(Parent or guardian if applicant is under 18 years old)

Emergency contact number(s) _____

Under the regulations of the Data Protection Act (1998) the above information is private, confidential and it will not be shared with any other organisation. Your records may be kept for up to 3 years from when you leave the club and subsequently destroyed.