



MEMBERSHIP DETAIL FORM



To be completed by all ZNSBR-NDS-UK members

Please complete the following fully and clearly;

Name.....Date of Birth.....

Address.....

.....Post Code.....

Emergency Contact Tel No. Work.....Home.....

e-mail address.....website.....

Are you an existing practitioner of the Martial Arts? Yes / No (please circle)

If yes, please give details, (e.g. Art(s), Grade held, Years training):

Do you suffer from any of the following: (please tick)

Diabetes

Migraine

Nervous Disorder

Epilepsy

Heart Disorder

Haemophilia

Respiratory Problems

e.g. Asthma, or Hay Fever

Do you suffer from any other medical condition other than those stated above that may affect your training? Yes / No (please circle)

If so, please give details;

Have you ever been convicted of a crime of violence? Yes / No (please circle)

If yes, please give details:

I have read and understood the training rules and regulations of the Organisation to which I am joining and promise to adhere to the **training rules** (please tick appropriately);

§ I train in (*) karate, aikido, ju-jitsu, accept training involves physical contact.

(*delete as appropriate)

§ I train in Iai-jitsu and confirm that I will not be using a live blade in training.

§ I train in Iai-jitsu and confirm (*) that I sometimes use a live blade in training.

(*please ensure the relevant insurance is in place for this)

Name (please print);.....

Signature;.....Date;.....

(Signature of Parent or Guardian if applicant is under 16 years of age.)

NB: All information is kept strictly in accordance with the DATA PROTECTION ACT – 1998