



Please complete carefully in BLOCK CAPITALS. Thank you.

Personal Details

First Name

Surname

Date of Birth

Address

House no.

Street

Town/City

County

Postcode

Home Tel no.

Work Tel no.

Mobile Tel no.

Email

Emergency Contact

First Name

Surname

House no.

Street

Town/City

County

Postcode

Home Tel no.

Work Tel no.

Mobile Tel no.

Relationship

Medical Information

Please provide details of any relevant medical or behavioural conditions you have; including any medication you regularly take; (please continue in the blank space overleaf if necessary)

Additional Information

Please provide any other information you feel is relevant, below (i.e. any special requirements you may have, any specific aims or goals you have etc.)

How did you hear about CKF?

Internet Search Friends/Family Local Advertising Other

Form continues overleaf...

Declaration

First Aid Permission - We have instructors trained in first aid. Do you give us permission to administer first aid when required?

Yes No

Photo Permission - Can we use photos or video of you taken during classes or events for publicity purposes.

Yes No

Upcoming Events - Would you like to receive monthly emails about our Upcoming Events. Please note this would be in addition to essential information emails that we also aim to send only once per month.

Yes

All information you supply is for our internal use only. Cambridge Kung Fu will never sell your data to external companies or third-parties. For more information on how we use your data please contact us or see our Data Privacy Policy on our website at www.cambridgekungfu.com.

Signed

Name

Date

DD

MM

YYYY

Please use the space below for any further medical/behavioural or additional information...