



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

Do you have asthma? Yes No

Do you have diabetes? Yes No

Do you have any allergies? Yes No

If the answer to any of the above is 'Yes', please provide details; (Please continue on a separate sheet if necessary)

Please provide details of any other relevant medical conditions you have; (Please continue on a separate sheet if necessary)

Please continue overleaf...

Additional Information

Please provide details of any specific aims or goals you hope to achieve as a result of attending classes;
(Please continue on a separate sheet if necessary)

Please provide any other information you feel is relevant; (Please continue on a separate sheet if necessary)

How did you hear about CKF?

Internet Search Friends/Family Local Advertising Other

Declaration

Our instructors have been trained in first aid. In the unlikely event of a medical emergency during class, do you give us permission to administer first aid?

Yes No

It is important for us to be able to contact you with essential information relating to the class(es) you attend. We aim to be a 'paperless' organisation and therefore we would prefer to email you this information, however, if this is not possible then please tick the box below.

I do not have an email address, please send me class information by letter.

Please indicate whether we may use photos or video taken of you during classes or seminars for publicity purposes.

Yes No

Signed

Name

Date

DD	MM	YYYY
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All information you supply is for our internal use only. Cambridge Kung Fu will never sell or share data with external companies or third-parties.