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JCK MARTIAL ARTS LTD

Company Number 16127548

MEMBERSHIP FORM

£35 Membership fee enclosed.

Please note, club membership covers you to train in any JCK class in any area.

Nume.			
Address:			
Parent/guardian contact number:			DOB:
Email:			
Do you suffer any illness or disability?	\sim 4		
Are you on any medication?			
Do you have any allergies?			
ALL MEMBERSHIP FEES MUST B	BE PAID IN FULL UPO	ON RETURN C	OF THIS FORM
I, the undersigned, state that the above information is TIAL ARTS LTD as laid down by the instructors. I also reaccidents or injuries that may result from my training JCK MARTIAL ARTS LTD against persons, except for seldanger or unprovoked attack or in support of law and	ealise that my instru- with the club. I also f-defence and the d	ctors are not promise neve	legally responsible for any er to use the skills taught to me
Signed:	Date:		_ / /
(Parent or legal guardian if under 18)	CONSENT		16
Do you consent to being added to a Spond group update service:	丰	YES	NO 🗌
do you consent to communications via email:		YES	NO 🗌
Do you consent to photos and first names being taken for use on social media and any Promotional work:	AL	YES	NO _
Signature parent/Guardian:			

ALL MEMBERSHIP FORMS MUST BE SIGNED!

JCK MARTIAL ARTS LTD OPERATES A STRICT CHILD PROTECTION POLICY / DATA PROTECTION POLICY / CRIMINAL RECORDS

POLICY TELEPHONE: 07799877144 / EMAI<u>L</u>: office@jckmartialarts.com / website: www.jckmartialarts.com

Upon signing this document you hereby agree that your information maybe shared and processed by a third party for insurance purposes.

Please see our data protection policy for more details.

GOVERNED BY





Participant Waiver and Release of Liability to JCK Martial Arts Ltd

Participant Full Name:
Date of Birth:
Email address:
Assumption of Risk:
I understand that martial arts training involves physical activity and carries a risk of injury. I voluntarily assume all risks,
whether known or unknown, associated with participating in sessions conducted by JCK Martial Arts Ltd. These risks may
include, but are not limited to, bruises, sprains, broken bones, or other physical injuries.
Medical Clearance
I certify that I am physically fit and have no medical conditions that would prevent my full participation in classes conducted
by JCK Martial Arts Ltd. I agree to inform the JCK Martial Arts office of any existing or future medical conditions that may
affect my ability to safely participate in training.
Release and Waiver of Liability
I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, waive, and hold
harmless JCK Martial Arts Ltd, its instructors, class assistants, and volunteers from any and all liability, claims, demands,
losses, or damages that may arise from or be alleged to arise from participation in martial arts training. This includes any
injury or loss caused in whole or in part by the actions of students or their family members.
Code of conduct
I agree to behave respectfully and safely during all JCK Martial Arts Ltd classes. I understand that any disruptive, unsafe, or
dangerous behaviour may result in my immediate removal from the class and/or permanent expulsion from the club without
refund.
16/
Data protection
In accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018, I understand that
the personal information provided on this form will be collected and securely stored by JCK Martial Arts Ltd solely for the
purpose of administering martial arts sessions. My information will not be shared with third parties without my explicit
consent. I understand that I have the right to request access to, correction of, or deletion of my personal data at any time by
contacting the main office of JCK Martial Arts Ltd.
Signature of Participant:
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Devents/Cuardian name
Parents/Guardian name:Signature:Signature:

if under 18 years