

# MOUNTAIN WARRIORS LIMITED

## Student registration of membership and Insurance



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Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ CHILD  ADULT  MALE  FEMALE

Membership NEW  / FORMER MEMBER – Joining date \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade & Style \_\_\_\_\_ Name of club \_\_\_\_\_

Contact No. \_\_\_\_\_ (Home) / \_\_\_\_\_  
(Mobile)

E-mail \_\_\_\_\_@\_\_\_\_\_

Any disabilities or medical conditions We send events, gradings, courses and important information via e-mail  
\_\_\_\_\_

Occupation (Parent) \_\_\_\_\_

Coaches name \_\_\_\_\_

Previous Martial arts experience \_\_\_\_\_

In case of an emergency – Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

I would like to exclude my child from class or promotional photographs

By signing this membership I understand that;

- as a martial art an acceptable level of contact is required by the participants.
- as a fighting art injuries may occur from time to time including but not limited to bruises, sprains, fractures, grazes etc.
- Mountain Warriors coaches will in the event of any injury or illness take all reasonable steps contact me, and to deal with that injury/illness appropriately.
- I will be kept informed of these activities – for example timing and transport details.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature (Parent or Guardian if under 16) \_\_\_\_\_

By signing this completed form, I agree to my son/daughter/child taking part in the activities of the club.

**Yearly Membership Fee - New (£35) / Renewal (£20)**  Cheque or  Cash

Please make cheques payable to - **Mountain Warriors Ltd**

**Intake**  Spring  Autumn

T-shirt size 5-7  7-9  9-13  13-15  S  M  L  XL

Please send completed form and payment to - **The Secretary, 24 Hillford Place, Redhill, Surrey RH1 5AU**

**www.MountainWarriors.Com**

**Enquiry@MountainWarriors.Com**