



## MEMBERSHIP LICENCE

Do you accept that details regarding your Membership application and ongoing training will be stored on a computer database? (Delete as applicable): YES/NO

Status (Delete as applicable): CHILD/ADULT

New application (Delete as applicable): YES/NO

Renewal date for existing Members: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PERSONAL DETAILS (PLEASE USE CAPITALS AND BLACK INK ONLY):

Mr/Mrs/Mast/Miss/Ms/Other: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Age: \_\_\_\_\_

Address: \_\_\_\_\_

Village/Town/City: \_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile Telephone(s): \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Email(s): \_\_\_\_\_

Occupation (if applicable): \_\_\_\_\_

### OFFICIAL USE ONLY:

Budo Pass Number: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Club: \_\_\_\_\_ Club Coach: \_\_\_\_\_

**PLEASE TURN OVER**

## MEDICAL INFORMATION

### IMPORTANT NOTICE

A deliberate falsification or omission of a condition which may be deemed as critical information, could result in the Membership termination of the individual, an invalidation of the Martial Arts insurance and/or possible legal action taken out against the applicant. Valor Combat Systems will not discriminate Membership based upon medical conditions, unless active Martial Arts training would be considered detrimental to the person in question.

Also note, as with all professional bodies, the law regarding the 'GDPR', govern us. As such, any information forwarded to ourselves remains at all times, private and confidential. Nothing will be forwarded onto other bodies without your express written consent. If the information is not required under 'GDPR', your information will be removed and deleted accordingly.

Please fill out as thoroughly as possible: - include condition, medication, special treatment which may be required, dosage and any other relevant information. For example: - Asthma – Ventolin inhaler (100mg) and/or Asperger's.

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### SAFEGUARDING

Valor Combat Systems recognises the need to ensure the welfare and safety of all our students, irrespective of age.

In accordance with our Safeguarding Policies, photographs/videos will not be permitted to be taken without the Student's/Parent(s)/Guardian(s) consent.

I **CONSENT/DO NOT CONSENT** (please delete as applicable) for Valor Combat Systems to take photographs, or videos of **MYSELF/MY CHILD** (please delete as applicable) for promotional purposes.

Valor Combat Systems will endeavour to ensure they are used solely for the purposes they are intended. Any inappropriate usage should be reported to Valor Combat Systems immediately.

### DISCLAIMER

In completion of this application for Membership to Valor Combat Systems, I accept that participation in a Martial Art carries the risk of possible serious injury. I hereby exonerate Valor Combat Systems from losses either personal, and/or of articles, or injuries of any nature/cause whatsoever. I further declare that I am fit to train within Valor Combat Systems and I accept the Rules and Regulations Policy (found on [www.valorcombatsystems.co.uk/policies](http://www.valorcombatsystems.co.uk/policies)) which form part of the application for Membership.

Furthermore, any falsification or emission of what may be deemed as critical information may result in the termination of Membership, invalidation of insurance and/or possible legal action taken.

I acknowledge and accept the full terms and conditions of the Valor Combat Systems Membership Policy (found on [www.valorcombatsystems.co.uk/policies](http://www.valorcombatsystems.co.uk/policies)).

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Signature of Parent/Guardian required if student is under the age of 18, please state relationship)

Parent/Guardian: \_\_\_\_\_