



Ryusui - Ryu Martial Arts

Membership Application Form

Please Print Clearly

Title: Mr / Mrs / Master / Miss / Ms

D.O.B.: _____

Name: _____

Address: _____

Post Code: _____ Phone: _____

Membership No. : _____ Renewal: yes / no Fee: £ _____

E-Mail Address: _____

(Your e-mail is important because this is our preferred means of communicating with you)

Do you suffer from any of the following - Please tick all that apply

Always consult a doctor if you have an existing health condition that could be affected by our activities. Medical conditions must be disclosed to our instructors before commencement of training. All discussion will be in strict confidence

Migraine:

Epilepsy:

Nervous Disorders:

Haemophilia:

Diabetes:

Respiratory Problems:

Heart:

Other:

Please State: _____

Have you ever been convicted of a crime of violence : yes / no

School Instructor : _____

I the undersigned do declare that I shall abide by the rules of conduct expected of me. I also understand that training without membership (and hence insurance) is against the rules of the organisation. I also give permission for my personal details, recorded here, to be retained by the organisation and to receive occasional notification of events and newsletters

Signature : _____

(Parent or Guardian to sign if applicant under 18 years)

Date : _____

