



Membership Form

Sections 1, 2 and 3 must be completed before being allowed to participate in your Sport

Section 1 - Personal Details (Please complete in BLOCK CAPITAL LETTERS)

Title: Mr/Mrs/Ms/Dr Name:_____ D.O.B (dd-mm-yy):_____
College/Dept.:_____ Email:_____ Contact No.: _____
Home address:_____
Postcode:_____ Home Telephone No.:_____

Emergency Contact Name:_____
Emergency Contact Telephone Number:_____

Any other personal information which may be of benefit to the Club:_____

Section 2 - Declaration (please mark with a × as appropriate)

I understand that there is an element of risk involved with the playing of all sports

I have received during Michaelmas/Hilary/Trinity term (please delete as appropriate) a safety briefing by members of the School Committee on the fundamental safety aspects of the Oxford University TaeKwon-Do School

I have read the Risk Assessment, Codes of Conduct and Constitution of the Oxford University TaeKwon-Do School as displayed on the school webpage (www.outkd.co.uk) and I agree to abide by the club's guidelines at all times. Where qualified coaches are in place, I agree to follow the coach's instructions. I agree that this may be a verbal, visual, physical or demonstrative form of communication. I will ask for further clarification of any ambiguous and/or inaudible instructions.

I understand that I will be asked to leave the club session immediately if deemed to be deliberately not following the Codes of Conduct or ignoring instructions from the Club Coach.

I agree to this form being kept indefinitely by the Oxford University TaeKwon-Do School, on the understanding that the disclosed information will be kept confidential, and shared only between the School Committee and Coaches. Other than the School or where required in consultation with the University Sports Department and Sports Federation, the information on this form will not be supplied to any other third party.

Section 3 - Medical Information (please put a × in the box as appropriate)

1. I have no medical condition which will prevent me from taking part fully in my sport.
2. I have a medical condition, which may limit/prevent full and safe participation in my sport.
3. I agree to bring medication (where required) to all club sessions.
4. I will inform my club President if the circumstances change in the course of the academic year.

Before each club session I will inform School Coaches and relevant members of the committee of any medication, allergies, injuries or other medical conditions, which may affect my ability to participate fully in the sport on that day.

Name:_____ (Legal Guardian in under 18 years of age)

Signature:_____ Date:_____

For Committee Use Only:

Status: Student Staff External UKTA License No:_____ Expiry:_____
Membership type: Annual Termly M / H / T Amount: £_____ cash/cheque
Secretary Initials: _____ Date:_____