



# Students Enrolment Form

This form is used to join or renew your license & membership with the Club's Affiliated Organisation.

Club Details: Golden Dragon Martial Arts

C/o 5 Orchard Views

The Loup, Magherafelt

Co. Derry BT45 7NF

## Applicant Details:

Full Name:		Date of Birth:	
Full Address:			
Telephone No.		Mobile No.	
Email Address:			

## Medical Details:

Date of last Medical	
List Medical Conditions:	
List Medication:	

## Martial Arts Interest:

Qualifications	Professional Events
Coaching	Awards & Gala Events
First Aid	Training Camps
Child Protection	Seminars
Health and Safety	Black Belt & Grades

## Photographic/Video Permission:

I do / I do not give permission for photographs and videos to be taken for the purpose of Newspapers and club website.
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## Training Declaration:

I have read and understand the contents of this license application form. I have completed the form honestly to the best of my knowledge. I promise to train in a safe responsible way that promotes, honour, respect, courage and confidence under the guidance of my club instructor	
Signature of Applicant: (Parent or Guardian if under 18yrs)	
Date:	