



**STUDENT INFORMATION AND CONTACT DETAILS**

*(Private and Confidential)*

**Student Name:** \_\_\_\_\_

Male

Female

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

**D.o.B:**     \_\_\_ / \_\_\_ / \_\_\_  
                  Day    Month    year

**Emergency Contact name:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_

**Phone:**      **Mobile:**

**Do you have any of the following:**     *Asthma*  Please bring medication to every class  
If YES, please tick boxes

*Heart problems*  Please bring medication to every class

*Diabetes*      Insulin dependant      Type II     

Please bring medication to every class

*Other* (give details)



**Any physical injuries that might impair mobility or be aggravated by strenuous training.** Yes  No   
If YES please give details in box

**IMPORTANT** New students must pay for membership of the WTSDA before they are covered by the regions martial arts insurance policy

**IMPORTANT:** Please make sure all details are correct, the instructors are certified first aiders, and in case of injury or illness they need to make sure they are aware of all conditions in order to make medical staff aware if and when called.

It is the duty of the instructor to teach the student in a safe and proper manner, but, due to the nature of the training there is always a risk of injury, these details are necessary and will be regarded as **PRIVATE & CONFIDENTIAL**, if the student stops training this record will be destroyed, please sign to say you have read and agree to this.

**Membership £15.00**

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

**Student signature:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_

(Parent must sign if student is a minor)