



English Karate National Governing Body (EKNGB)

Squad Member Registration Form

**Please complete all sections*

Forename: _____ Surname: _____ Date of Birth: _____
___/___/___ Age: _____ Male/Female: _____ Email address: _____

Additional Emergency Contact Details: Name: _____ Relationship to member _____
Contact telephone number: _____

DECLARATION

I (name of athlete) _____

- I agree to be bound by dojo etiquette and any EKNGB rules and agree to take part in National karate training and competition and associated activities entirely at my own risk.
- I accept that the art of karate may involve risk of serious injury, and I indemnify the EKNGB and its proprietors against all losses howsoever arising of any nature or cause. I consent to the administration of First Aid if so required.
- I acknowledge that care must be taken especially whilst training with a partner and that I must not act outside of the instruction given to me as an individual or as part of a class. I further agree that I will not use the skills taught, outside of the EKNGB or its activities except in reasonable self-defence.
- I accept that any breach of discipline in the dojo, on social media or actions which brings the EKNGB, its proprietors, or karate generally into disrepute may result in my being expelled from the EKNGB without notice and I further accept that the proprietor/s of the EKNGB at all times reserve the right to exclude any person registered with the national governing body.
- I further irrevocably agree to the taking and publication in all forms of social and other media of my, my son/daughter's photograph or moving images whilst participating in training, competition, promotional events, or any other activity whatsoever associated with the EKNGB. I further acknowledge that such publication may refer to me, my son/daughter by name.
- I always acknowledge that it is my sole responsibility for advising the EKNGB and its proprietor/s should there be any / or a change in my medical condition that may possibly affect my ability to train, following the date of my commencing training.
- I always undertake that I will keep up to date my EKNGB licence.
- **I consent to my email address referred to above being used for the circulation to me of information about EKNGB and its activities.**

Date _____ Signed _____

If proposed member is under 18 years, this form is to be completed and signed in their name by their parent or legal guardian. Full Name of parent/ legal guardian signing above _____

DATA PROTECTION

Here at the EKNGB we take your privacy seriously and the information you provide in this form will be used solely for dealing with you as a member of the EKNGB. The EKNGB has a Data Privacy Policy which can be found at www.englishkaratengb.co.uk Your data will be stored and used in accordance with that policy, and we will never sell your data without your prior permission.

I consent to the information referred to in this form being used in accordance with the EKNGB's Data Privacy Policy and further consent to such information and any additional information obtained prior to the commencement of any class, being retained for the purposes of compliance with any Government Guidelines.

Signed: _____ Date: ____/____/____ Print full
name: _____