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**MEMBERSHIP APPLICATION FOR MO-ICHIDO MARTIAL ARTS**

TO COMPLY WITH THE GDP REGULATION LAWS, PLEASE BE ADVISED INFORMATION ON THIS APPLICATION WILL ONLY BE USED TO MANAGE MEMBERSHIP, ADMINISTRATION ETC. PERSONAL DATA WILL NEVER BE SHARED WITH OTHER ORGANISATIONS, WITHOUT CONSENT UNLESS COMPELLED TO DO SO BY LAW. THESE DETAILS WILL ONLY BE USED TO ALLOW US TO COMMUNICATE WITH YOU VIA A CONTACTS LIST, TELEPHONE AND SOCIAL MEDIA.AND TO ENTER COMPETITIONS IF APPLICABLE. INFORMATION WILL BE STORED ON A PASWORD SECURED SPREADSHEET WITH RESTRICTED ACCESS. A REGULAR DATA CLEANSE WILL BE CARRIED OUT TO REMOVE ALL DATA ENTRIES OF THOSE PEOPLE NO LONGER WITH THE CLUB

BY SIGNING THIS FORM, YOU ARE AGREEING TO US KEEPING YOUR I NFORMATION ON RECORD, ARE YOU HAPPY TO CONTINUE WITH SUPPLYING INFORMATION? YES/NO

IN CONNECTION WITH MO-ICHIDO MARTIAL ARTS CHILDREN AND YOUNG PERSONS ARE PHOTOGRAPHED AND FILMED AT EVENTS FOR THE FOLLOWING PURPOSE: COACHING AND TRAINING, RECORDING PROGRESS, CELEBRATING ACHIEVEMENTS, ADVERTISING THE CLUB, PUBLICITY AND PROMOTIONAL PURPOSES.

PHOTOGRAPHS AND VIDEO FOOTAGE INCLUDE PRINTS, TRANSPARENCIES, AND DIGITAL IMAGING.

EVENTS MEANS ANY FUNCTION, MEETING, TRAINING OR COMPETITION ORGANISED OR SUPPORTED BY MO-ICHIDO MARTIAL ARTS OR ITS PARENT ASSOCIATIONS.

ARE YOU HAPPY FOR YOU (OR YOUR CHILDs) PHOTOGRAPHS AND VIDEO FOOTAGE TO BE TAKEN AT EVENTS FOR AND ON BEHALF OF MO-ICHIDO AND USED FOR THE PURPOSES AS DESCRIBED ABOVE? YES/NO

PLEASE SIGN TO GIVE PERMISSION FOR USAGE OF PHOTOGRAPHS AND VIDEO …………………………………………………………………….

APPLICANTS NAME…………………………………………………………. PARENT/GUARDIAN NAMES………………………………………………….

CONTACT ………………………………………………………. /………………………………………………………/…………………………………………..............

E MAIL ADDRESS………………………………………………………………………………………. M/F……………… DOB……………/…………/……………

ALLERGIES/ MEDICAL CONCERNS, PLEASE GIVE DETAILS OF ANY CONCERNS THAT YOU FEEL MAY BE RELEVANT.

DECLARATION:

I AGREE TO BE BOUND BY THE CLUB RULES A COPY OF WHICH I CAN FIND ON THE WEBSITE [WWW.MOICHIDO.CO.UK](http://WWW.MOICHIDO.CO.UK)

I UNDERSTAND MARTIAL ARTS IS A CONTACT ART AND AGREE NOT TO HOLD LIABLE THE INSTRUCTORS OF MO-ICHIDO MARTIAL ARTS NOR ANY GUEST INSTRUCTORS, PARTICIPANTS OR OBSERVERS FOR LOSS INJURY OR ACCIDENT OCCURING WHILST I OR MY CHILD ARE PARTICIPATING IN ACTIVITIES WITH THE CLUB. I UNDERSTAND I AM RESPONSIBLE FOR MY OWN PROPERTY AND HEALTH AND SAFETY

MO-ICHIDO-MARTIAL ARTS WILL NOT BE HELD LIABLE FOR ANY LOSS OR INJURY.

SIGNATURE………………………………………………………. NAME………………………………………………………………DATE………………………………

I AM THE APPLICANT OR LEGAL PARENT/GUARDIAN OF THE APPLICANT AND TAKE FULL RESPONSIBILITY FOR THE RESPONSES MADE ON THIS APPLICATION

YOUR PERSONAL ID NUMBER AND THE PAYMENT REFERENCE IS………………………PLUS “TRG” OR EQUIP, GRADE, COURSE ETC (DEPENDANT ON PURPOSE OF PAYMENT) PLEASE MAKE PAYMENT OF £45.00 PCM VIA BACS TRANSFER TO:

BANK DETAILS. SANTANDER- MOICHIDO MARTIAL ARTS. SORT CODE 09-01-28. ACCOUNT NUMBER 79448674

SHOULD YOU HAVE ANY QUESTIONS PLEASE CONTACT COLIN ON

MOB - 077-3936-9311 E.MAIL [colin@moichido.co.uk](mailto:colin@moichido.co.uk)