|  |
| --- |
| Personal Details |
| First Name |  |
| Last Name |  |
| Mobile |  | Work Phone |  |
| Email |  |
| Club name |  |
|  |  |
|  |  |
| Medical Conditions |
| Pre-existing Condition(s) |  |
| On Medication? | Yes/No\* (\*Circle answer as appropriate) |
| Doctor’s Name |  | Surgery Phone |  |
| Next of Kin |  |

|  |  |
| --- | --- |
|  |  |
| Annual Membership |
|  |
| Membership fee: | Via registered club (£10 p/a) Independent (£15 p/a)  |
| Payment Type\* | Cash | Online Payment | Direct Debit | (\* Circle as appropriate) |
| Date of Payment |  |
| Consent Declaration |
| **I, above, understand and agree that I participate in the WEKAF tournament at my own risk and hereby accept full responsibility for any injury I may sustain during or associated with the event. I accept that I cannot hold any member or official appointed by WEKAF GB for any loss of personal items or for any injury I may sustain as a result of the event. I certify I will adhere to WEKAF GB Codes of Practice. I confirm I hold adequate insurance enabling me to compete in WEKAF events.****Parents/guardians certify that children under the consent age of 18, declare that I have read and understood the Safety & Risk Declaration form (a copy of which has been provided) and have explained this form to my child. I am satisfied that my child is sufficiently competent to listen to, and understand, any safety briefings given to them and to make the declarations contained with the form. I accept and have impressed upon my child that the activity instructors will only be able to assist my child if my child follows their instructions carefully and that acting outside the instructor’s advice may cause my child or a third party injuries or difficulties. *If you do not agree to us using photographs or footage that includes your child, please tick the box*** Member or Guardian Signature |

Date of Signature