

詠春功夫

Hertfordshire Wing Chun Kung Fu Martial Art's School

Personal Details:

Name:

Male/Female:

Age:

Date of Birth:

Address:

Postcode:

Tel no:

E-mail:

The club expects all of its members to behave in an appropriate manner at all times, and the club will not tolerate any unsociable behavior.

If you have any pre-existing medical conditions please check with your doctor before practicing Wing Chun.

Medical/ Injury Details:

Detail any medical conditions/ allergies/current injuries that we should be aware of?
.....
...
Please provide details of medication that must be administered:
.....

If yes, please provide further details:
.....

Emergency Contacts:

Name:

Address:

..... Postcode:

..... Relationship:

Tel no :

For members under 18: Parent or Guardian Name (block capital):

Signed:.....
Date.....

I UNDERSTAND: THAT THE PRACTICE OF WING CHUN AT THE ABOVE SCHOOL IS ENTIRELY AT MY OWN RISK

Disclaimer Form:

I SHALL NOT HOLD RESPONSIBLE AT THE SCHOOL IT'S PRINCIPLE, SENIOR, OR ASSISTANT INSTRUCTORS, OR ANY OF MY FELLOW MEMBERS FOR ANY INJURY I MAY SUSTAIN.

Signed.....
Dated.....

