

**MEMBERSHIP APPLICATION FORM**

FIRST NAME: SURNAME:

DATE OF BIRTH:

Name of parent(s)/guardian(s) - if Under 18

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MOBILE No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MOBILE No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST ANY MEDICAL CONDITIONS (E.G: ASTHMA, DIABETES, EPILEPSY):

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| --- |
| CREDIT/DEBIT CARD AUTHORISATION – I hereby authorise CAYDAM to debit my Credit/Debit card ongoing for the express sole purpose of the payment of Training Fees, Uniform fees, and Assessment Fees until all monies due have been paid. I understand that this agreement may be cancelled at any time by way of text message, email or in person.  CARD NUMBER: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  Exp Date \_\_ \_\_ / \_\_ \_\_ CCV number \_\_ \_\_ \_\_ |

**RELEASE & INDEMNITY**

I hearby authorise Caydam Karate to act on my behalf should my child require medical attention, and release Caydam Karate from any liability for injury incurred by my child at Caydam Karate programmes.

\_x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

APPLICANT SIGNATURE Date

(Legal Guardian/Parent if Under 18)