Gōdō Martial Arts Registration & Disclosure Form

Important: This form must be completed before participating in any training sessions at **Gōdō Martial Arts**. The information provided will be treated with the utmost confidentiality and used solely for the purpose of safe training and club administration, in line with GDPR requirements.

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1. About You

Please complete the details below to help us identify you in our records.

Full Name: _____

Address:

Street: _____

Town/City: _____

Postcode: _____

Date of Birth: ____ / ____ / _____

If under 18, Parent/Guardian Details:

Parent/Guardian Name: _____

Relationship to Child: _____

Parent/Guardian Contact Number: _____

Parent/Guardian Email: _____

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2. Communication Preferences

We would like to keep you informed about club updates, class notifications, and other relevant news.

Mobile Number: _____

(If provided, you may be added to our club **WhatsApp Group** or text alerts for important updates.)

Email Address: _____

(This is our primary method of contact for important communications. Please ensure it is accurate.)

Preferred Contact Method: [ ] Phone [ ] Email [ ] WhatsApp

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3. Photography & Videography Consent

We occasionally take photos/videos for club promotion, social media, and training materials. Do you consent to be included?

Consent: [ ] YES [ ] NO

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4. Medical Disclosure

It is essential we are aware of any relevant medical conditions or injuries. This information is confidential and will only be used to ensure your safety during training.

Do you have any past or current medical conditions or injuries?

[ ] YES [ ] NO

If YES, please provide details below:

Are you currently taking any medication that may affect your participation?

[ ] YES [ ] NO

If YES, please provide details:
Type text here

Do you have any allergies we should be aware of?

[ ] YES [ ] NO

If YES, please provide details:

Additional Needs:

If you have any disabilities, impairments, or additional support requirements, please let us know how we can assist:

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5. Emergency Contact

Please provide the details of someone we should contact in an emergency.

Emergency Contact Name: _____

Relationship to You: _____

Emergency Contact Number: _____

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6. Assumption of Risk & Liability Waiver

Martial arts training carries inherent risks, including but not limited to slips, trips, falls, sprains, and more serious injuries. While **Gōdō Martial Arts** takes all reasonable precautions to ensure safety, participants acknowledge the risks involved.

By signing below, you confirm that you understand and accept these risks and that **Gōdō Martial Arts** is not liable for any injuries or incidents sustained during training.

If under 18:

Parent/Guardian must sign on behalf of the child.

Participant\'s Signature: _____

Date: ____ / ____ / _____

Parent/Guardian Signature (if under 18):

_____

Date: ____ / ____ / _____

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7. Club Rules & Code of Conduct

At **Gōdō Martial Arts**, we aim to maintain a respectful and safe training environment. By signing this form, you agree to:

- Follow all instructions from instructors and staff.
- Respect all fellow students, instructors, and visitors.
- Adhere to safety guidelines and training etiquette.
- Refrain from inappropriate or aggressive behaviour.
- Understand that failure to comply may result in disciplinary action, including suspension or removal from the club.

Do you agree to the club rules and conduct expectations?

[ ] YES (Please tick to confirm)

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8. Data Protection (GDPR Compliance)

We are committed to protecting your personal data. Your information will be stored securely and used solely for club administration, emergency contact, and safety purposes. We will never share your details without consent.

Do you consent to Gōdō Martial Arts securely storing and using your data as outlined?

[ ] YES [ ] NO

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9. Declaration

By signing below, I confirm that the details provided are accurate and that I have read, understood, and agree to the terms outlined in this registration form.

Participant\'s Signature: _____

Date: ____ / ____ / _____

Parent/Guardian Signature (if under 18):

_____

Date: ____ / ____ / _____