



**OXFORD UNIVERSITY KICKBOXING CLUB  
MEMBERSHIP FORM FOR 2016 - 2017**

**Sections 1, 2 and 3 must be completed before being allowed to participate in your sport**

**Section 1 - Personal Details (Please complete in Capital Letters)**

Name: (Mr / Mrs / Ms)..... Date of Birth:.....  
College/Dept.....E-Mail Address:.....  
Phone / Mobile Number:.....  
Home Address:.....Postcode:.....

**Next of keen.** Who should we contact if needed / anything happens to you?

Name:..... Phone number:.....

**Section 2: Declaration [please ✓ (-yes / agree-) or X (-no / not agree-)in the box as required]**

- 1. **I understand** that there is an element of **risk involved with** the playing of **all sports**.
- 2. **I have received** during Michaelmas/Hilary/Trinity Term (**Please circle accordingly**) a **safety briefing** by members of the Club Committee **on the fundamental safety aspects of the Kickboxing Club**
- 3. **I have read** the **Risk Assessment, Codes of Conduct, and Constitution of the Kickboxing Club** as displayed on the club webpage and **I agree to abide by the clubs guidelines at all times**. Where qualified coaches are in place, **I agree to follow the coaches instructions**. I agree that this may be a verbal, visual, physical or demonstrative form of communication. I will ask for further clarification of any ambiguous and/or inaudible instructions.
- 4. **I understand that I will be asked to leave** the club session immediately **if deemed to be deliberately not following** the Codes of Conduct **or ignore instructions** from the Club Coach.
- 5. **I agree to this form being kept** indefinitely by the Kickboxing Club, on the understanding that the disclosed information will be kept confidential, **and shared only** between the Club Committee and Coaches. Other than the club or where required in consultation with the University Sports Department and Sports Federation, the information on this form will not be supplied to any other third party.

**Section 3: Medical Information (please ✓ or X in the box as required)**

- 1. **I have 'No'** medical condition **which will prevent me from taking part fully** in my sport.
- 2. **I have a** Medical Condition **which may limit/prevent full and safe participation** in my sport.
- 3. **I agree to bring medication** (where required) to all club sessions.
- 4. **I will inform** my club President **if the circumstances change** in the course of the academic year.
- 5. Before each club session **I will inform Club Coaches** and relevant members of the committee **of any medication, allergies, injuries or other medical conditions** which may affect my ability to participate fully in the sport on that day.

Name:..... (Legal Guardian if under 18 years of age)

Signature:..... Date:.....

|                                  |   |
|----------------------------------|---|
| <u>FOR COMMITTEE USE ONLY</u>    | Oxford University Kickboxing Club                 |
| OU BOD / Card Number:.....       | Amount: £.....Cash / Cheque / On line             |
| Membership Term / Period:.....   | Student / Staff / External NGB Membership: £..... |
| Secretary Name & Signature:..... | Date:.....  |