

# Membership Application Form

## Go Shin Kai



**This page is to be sent to the association along with payment**

Principal:	<b>Mike Smith (6th Dan)</b>
Chairman:	<b>Steve Brignall (3rd Dan)</b>
Treasurer:	<b>Eric Weir (2nd Dan)</b>
Secretary:	<b>Steve Brignall (3rd Dan)</b>

### MEMBERSHIP APPLICATION :

New  Renewal Form for Adult  Child  (tick – as required)

Fee Paid

Name	Date of Birth
Address	
Post Code	Tel No
Email	Mobile No
Club	Instructor
Grade (5th Kyu etc. Leave Blank if Beginner)	Date Grade Awarded

### Note To All Prospective Members

Aikido is a Martial Art. Members are warned that there is always a possibility of personal injury, no matter how controlled the class. It is the member's responsibility to ensure that their licence is current prior to any training as failure to hold a current licence could jeopardise any insurance claims. All members are licensed through the British Aikido Board.

### Data Protection

The personal data you provide may be held by your Club and the Go Shin Kai (GSK). The basis on which your Association, your Club and the British Aikido Board (BAB) the Governing Body of Aikido in the UK processes your personal data is their legitimate interest in the following: administration purposes in managing a sports club/association, maintaining accurate membership records, safeguarding of members, obtaining insurance through BAB membership, informing members of news and information about the BAB and Aikido in general.

The BAB is the only third party with whom we share any of your personal data. The association will provide the BAB with your personal details when first applying for, or renewing, your BAB membership and other details in instances where it is necessary for the BAB's functioning as a national governing body.

You have the right to request a copy of your personal data and other rights such as erasure or correction of your personal data, as well as the right to make a complaint to the Information Commissioners Office.

For further details see the Data Protection Policy and Privacy Notice which is available on our website. The policies also summarises the approach to retention of personal data.

The GSK has an officer who you can contact if you have any enquiries: registrar@goshinkai.org.uk

### LICENSE TYPE:

Child  Student  (tick – as required)

Full Instructor Coach Cert No

Child Coach DBS No / Appln No

### MEMBERS DECLARATION:

I agree to accept the GSK's Constitution available from the GSK website and accept that the practice of Aikido involves the risk of injury.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(To be signed by guardian if under 18)

### FOR OFFICIAL USE ONLY:

Date Received \_\_\_\_\_  
BAB Licence Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Contact Telephone: 01666 503895 / 07715159483

Website: www.goshinkai.org.uk Email: chair@goshinkai.org.uk

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### MEMBER DETAILS:

Name	Date of Birth
Email	Tel No
Email (2)	Mobile No

### EMERGENCY CONTACT DETAILS:

Contact Name	Tel No
Relationship	Mobile No

### MEDICAL DETAILS:

It is vital for your own safety that any relevant medical conditions are disclosed to your coach.  
(For example: Asthma, Epilepsy, Heart Disorders, Back and Sports Injuries, etc.)

Full disclosure is important for your own well-being and for insurance purposes. Further details concerning BAB insurance cover can be obtained on the BAB website [www.bab.org.uk](http://www.bab.org.uk).

### Member Acknowledgement and Consent for Provision of Health Data

I acknowledge that Aikido is a Martial Art. I have disclosed above all relevant health problems and obtained medical advice to practice Aikido where necessary. I understand that this health information is necessary for health and safety purposes, and for personal safeguarding, so that Club Instructors are able to look after my wellbeing and safety during training. I understand that any injuries or illnesses that affect my ability to practice must be brought to the attention of the Instructor before training, or during class if a new injury arises.

I consent to my Club processing the health data I have provided above and confirm I understand the specific purpose for which it will be used.

**Signed By** ( Parent if under 18)

Date

### PHOTOGRAPHY:

During Aikido training, 'action' or 'group' photographs or video may be taken, please indicate here if you do not wish images to be taken of yourself or child.

Yes  No  (tick – as required). Also please advise your club instructor.

### MEMBER CONTACT:

The club or association will on occasion contact you by Email, SMS and other Social Media regarding venue closure and events,  
Please confirm this is acceptable

Yes  No  (tick – as required).