

## JUNIOR MEMBERSHIP FORM - YORK AIKIDO JUNIORS CLUB

**We are very pleased to welcome you to the York Aikido Juniors Club**

If you are under 18, please also ask your parent / carer to sign the form before it is returned.

<b>Junior's Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>Home Telephone Number</b>	
<b>Parent / Carer Mobile Number</b>	
<b>Parent / Carer Email Address</b>	

### **CHILD COLLECTION POLICY:**

Unless you specify otherwise, we will assume that the parent / carer will collect the child from the session. Let us know below if someone else will accompany your child, or if your child will make their own way home. We reserve the right to request ID.

1. Will your child make his or her own way home? **YES / NO**
2. If **NO**, provide the name(s) of the person(s) you are happy to leave your child with:

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If you are not available to pick up your child on time, please contact us as soon as you can: (Elaine: 07965757772 or Yann: 07867314308 ). In the event that no-one has come to pick up your child, we will have to contact you to arrange for them to get home safely.

### **INFORMATION**

Please detail below any important information about your child that our coaching team should be aware of (e.g. Emotional, Physical or Medical – epilepsy, asthma, diabetes etc.) This will help us better teach them and keep them safe. This information will be kept confidential and will not be disclosed outside of the coaching team.

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## EMERGENCY CONTACT DETAILS

Please let us know whom we should contact in the unlikely event of an incident / accident.

**Contact Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

I understand that in the event of injury or illness all reasonable steps will be taken to contact the above person, and to deal with that injury / illness appropriately.

As a physical activity, Aikido will involve an element of risk. Appropriate physical contact is necessary during the class and to prevent injury (e.g. placing hands, arms, feet in the correct position).

*By returning this completed form, I agree to my child taking part in the activities of the club. Please advise us in writing if any other details change as soon as possible.*

**Name of Parent / Carer:** \_\_\_\_\_

**Signature of Parent / Carer:**

**Date:**

### Data Policy

Data protection: this information will not be disclosed outside of the coaching team and the British Aikido Board. We will not give out this information to any other parties. We collect this information to protect and insure your child, and to affiliate them to our national organisation. If your child leaves the club their information will be stored for five years after which it will be destroyed.

### Photographic Policy

I do not wish for picture / videos of my child to be taken. **YES / NO**

Please note that pictures or videos will only be taken in order to promote the club. This will be done in accordance with the BAB photographic images policy in order to protect your child. No inappropriate material will be taken, and no personal detail will be revealed.

Please advise us in writing during the year if you wish to change your mind.

You can view and download all the policies we follow here:

<http://www.bab.org.uk/downloadcode/downloads.asp>