

Member Details Form

*Fields marked with * are mandatory*



Personal Details

BJA Number*: _____ Kendo Grade: _____

Full Name*: _____

Preferred Name: _____

Title: _____ Pronouns: _____

Address: _____

_____ Postcode: _____

Telephone: _____

Email: _____

Do you have any medical conditions which our coaches should be aware of?

Do you have any accommodations or concerns you would like to make our coaches aware of? You can also speak to us if you prefer.

Declaration

I will abide by the SKC *Code of Conduct for Members*.

I will speak up, using the resources listed in the code, if I am in doubt as to the proper course of conduct or if I become aware of possible violations of our standards or the law.

I am a member of the British Kendo Association.

The information provided above is correct.

Signed*: _____ Date*: _____

Data will be held in accordance with the club's data protection policy.

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Emergency Contact

Name: _____

Relationship: _____

Address: _____

_____ Postcode: _____

Telephone: _____