

## Visitor Details Form



### Personal Details

BKA Number: \_\_\_\_\_

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

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Club Name\*: \_\_\_\_\_

Dojo Leader\*: \_\_\_\_\_

*We will contact your dojo leader to request a reference.*

### Next of Kin / Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Qualifications and Other Details

Kendo Grade: \_\_\_\_\_

Other Comments:

### Declaration

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

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, or I hold insurance through another appropriate organisation.

The information provided above is correct.

Signed\*: \_\_\_\_\_

Date\*: \_\_\_\_\_

*Fields marked with \* are mandatory.*

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