CLUB MEMBERSHIP REGISTRATION

Do not write here – leave blank

MRN: ……
New / Renew: Date: Amt Paid: ID issued:

PLEASE COMPLETE ALL QUESTIONS CLEARLY TO AVOID DELAY. Hand this form to club official or send to LAW c/o Allboxes, 37 Sandwich House, Sandwich Street, London WC1H 9PR with full payment.

CHARGES	**Supporters**	**Adult**	**Cadet**	**Student**	**Adult Conc.**	**Cadet Conc.**
Annual Membership (due 1st Jan each year)	£10	£45	£30	£30	£35	£25
Practice Fees						
Guest		£15	£15	£15	£15	£15
Members Monthly (due on 1st of each month)		£20	£15	£15	£15	£15

Payment mode: Cheque payable to LAW or Direct Debit to Bank:HSBC A/c Name: London Amateur Wrestlers
A/c No: 81339109 Sort Code: 40-05-27. Only pay cash in person to club official.

If you are renewing your membership, state your current MRN (Membership Registration Number): ……

Surname: ……. Forenames: ……. DOB: ……..

Height (metric) : ……cms Weight (metric) : ……kg. Any Physical disabilities? ……

Address: ……

City: ……. Country: …….. Post Code: …… Tel No: ……...

Email: ……

If student: School name : …….. Student Registration Number: ……

All applicants must be over 18yo and agrees to the rules of the club and assume all risks associated to the sport and will not hold anyone liable and/or responsible for any damages/losses/injuries whatsoever however incurred. No refunds whatsoever can be made for monies paid.
Juniors (below 18yo) must complete the Junior's Parental/Guardian's Consent section below. Please contact LAW for further details/assistance.

What is your experience in wrestling / grappling? Tick [ ]None [ ]Play [ ]Supervised [ ]Competitive

Have you done any other close contact combat sports before e.g Judo, Jitsu? If yes, Which ? ……How long? …..

Date: ……. Please sign here: ……..

JUNIOR (Below 18yo) Application – GUARDIAN/PARENTAL DISCLAIMER CONSENT
I confirm that I am the legal Parent / Guardian (cross out where appropriate) of the above applicant and I am fully aware of the risks involved in the participation of the activities of this club in close contact combat and I hereby assume full responsibilities and we will not hold the club, its affiliates and/or any person/s associated to the club liable and/or responsible for any risks / damages / losses or death that may be suffered by / inflicted upon the above applicant.

…….. …… ……
Your full name Your signature Date

IN CASE OF EMERGENCIES: Your Surname: …….. First names: ……

Your next of kin :…… Relation: ……. Tel No: ……..……

Address: ……. PC: …….

Have you got any medical conditions e.g. asthma, physical disabilities etc? …….

Do you take any emergency medications e.g. asthmatic inhaler? ……..

Is there any medication you CANNOT take? …….

Do you need your doctor's approval to participate in our sport? Tick [ ]No [ ]Yes If ticked Yes, Doctor's received [ ]

Your doctor's name: ……. Address: …….

……. PC: …… Tel No: ……..