

SUE FELL KICKBOXING



DISCLAIMER & MEDICAL FORM

This form is a disclaimer. By signing this form you take responsibility for any injuries you may receive or cause, whilst attending 'Sue Fell Kickboxing -Lucy'.

PLEASE COMPLETE FULLY AND IN BLOCK CAPITALS

SURNAME/FAMILY NAME: _____

FIRST NAME: _____

D/o/B _____

ADDRESS: _____

POST CODE: _____

TELEPHONE NUMBER: _____ **MOBILE NUMBER:** _____

E-MAIL ADDRESS: _____

IN AN EMERGENCY: _____

(name & number) _____

I understand that by signing this form that I take full responsibility for any injuries I may receive or cause, and do not Hold Sue Fell Kickboxing -Lucy responsible for any personal loss or injury incurred.

SIGN: _____ PRINT: _____

DATE: _____

Under 16 years of age, form must be signed by a parent/guardian.

I also give permission for my photograph to be used on the club Facebook page and website.

Sign: _____ Date: _____

We want to make sure you don't miss out on anything so tell us how to get in touch:

Text E-mail Facebook

OFFICE USE ONLY

P20

P1

P2

P3