

Meiyo Karate Club

Adult contact, medical screening & photography consent form

This form should be completed by all adult karateka before they participate in any club activity. The club also needs to be informed of any relevant change immediately.

Name _____

Date of birth _____

Address _____

Post code _____ Tel Number _____

Any specific medical conditions requiring medical treatment and or medication? **Yes No** (please circle)

If yes, please give details

Any Allergies? **Yes No** (please circle)

If yes, please give details

Emergency Contact

Name _____

Email _____

Address _____

Post code _____ Tel Number _____

I _____ hereby give permission
for the club instructor to give the immediate necessary authority on my behalf for
any medical treatment recommended by competent medical authorities, where it
would be contrary to my interest, in the doctors medical opinion for any delay to be
incurred by seeking my emergency contacts consent.

Name _____ Signature _____

Date _____

Meiyo Karate Club

Photographic Permission

Karateka's permission form for the use of
photographs and recorded images

I _____ consent /do not consent to the
Photographing, Videoing & Publication of images of myself.

Signature _____ Dated _____

Please return this form to me in a sealed envelope,

Many Thanks

Villayat 'Wolf' Sunkmanitu

Club Instructor

07971 99 77 10

meiyo@wolf-photography.com

www.meiyo.co.uk

NB The club will only use the images on the club's Facebook page. However, If you
have some reason to keep your location confidential, you should NOT give your
consent to your being photographed.