



## Adult contact, Data Protection, Medical Screening & Photography Consent Form

This form should be completed by all adult karateka before they participate in any Dojo activity. The Dojo also needs to be informed of any relevant changes as soon as possible.

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 \_\_\_\_\_ give permission

for the Dojo 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 doctor's medical opinion for any delay to be incurred by seeking my emergency contacts consent.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

## Photographic Permission

I \_\_\_\_\_ consent /do not consent to the **Photographing, Videoing & Publication** of images of myself and to the photographs and videos being published on social media for the use of publicising this dojo's activities.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Data Protection

I \_\_\_\_\_ consent to my personal data being held by Meiyō Karate Dojo and being used strictly for the Dojo's administration.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to me in a sealed envelope,

Many Thanks

Villayat 'Wolf' Sunkmanitu

Dojo Cho

07971 99 77 10

[info@meiyo.org.uk](mailto:info@meiyo.org.uk)

[www.meiyo.co.uk](http://www.meiyo.co.uk)