



Date of Application:

Scholarship Application and Consent Form

Name:		Tel:	
Address:		Email:	
Age:	DoB:	Sex & Preferred Pronouns:	

Medical Information

GP Name:	Surgery Address:
Surgery Tel:	
Emergency Contact Name:	Emergency Contact Tel:
Please provide details of any medical conditions, medications, allergies or special needs that the team should be aware of:	Area of interest (Please Tick): <input type="checkbox"/> Muay Thai <input type="checkbox"/> Brazilian Jiu Jitsu <input type="checkbox"/> Boxing <input type="checkbox"/> Strength & Conditioning

More about you...

What are your goals & expectations from joining the Twin Tigers community?	Any information you feel would be helpful to know about you?
--	--

Referrer Details

Name of referrer and contact details:	Reason for referral and desired outcome:
---------------------------------------	--

Consents, Safety and Risk Declaration

- I understand that martial arts are a contact sport, which can include close contact with the instructor, assistants and other students.
- Martial arts is a contact sport and can include sparring with other people. Therefore, there is potential for injury. I understand this and agree to participate in classes.
- I have given details of my medical health, to the best of my knowledge, and agree to this being shared between coaches as necessary to ensure my health and safety during training.
- In the event of an accident or illness, I give consent for medical treatment to be administered by a nominated first aider or medical professional.
- I will inform the instructors of any important changes to my health, medication or needs along with changes in contact details.

From time to time we take photographs for our website, social media or press releases:

- I agree I DO NOT AGREE to my photograph being taken and used on social media.
- I give permission to Twin Tigers Martial Arts and Boxing Club to email me with updates and events.

Personal Data: Twin Tigers Martial Arts and Boxing Club will use your data to process your membership and insurance requirements. They will hold your medical details and emergency contact numbers to manage safe training sessions and enable medical treatment in case of an emergency.

Official Use

Sponsorship Authorised <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised by:
Scholarship status:	Personal Contribution:
Start date:	Review/End date:

Twin Tigers Community Partnership CIC, Wessex House, 66 High Street, Honiton, Devon EX14 1PD

CIC No: 15006005