



# MEYLAN KENDO CLUB

## Registration Form - 2018 /2019 Season – Trial Period

Surname : First Name : DOB / /  
Address :  
Post Code: City :  
Email : @ Phone :  
15 € payment to Meylan Kendo Club

----- Only for annual subscription -----

### FFJDA Permit and Sport Passport

Permit Number:

Nationality :

Actual Grade :

**Attach copy of ID, identity photo and 10 € payment**

Payment (to **Meylan Kendo Club**, lessons are paid for the year, no refund)

Annual Membership			Cost
	Youth (course)	40 € (55€ – 15€ already paid)	
	-25 y.o. / Student / Unemployed	80 € (95€ – 15€ already paid)	
	Adult	100 € (115€ – 15€ already paid)	
<b>50% Discount</b> (on the annual membership)		From the 2 <sup>nd</sup> member of the same family	
<b>SUM</b>			
<b>FFJDA Permit</b>		38 € with insurance, 35,7 without - (separated payment)	

☐ All by cheque ☐ 3 interest-free instalments by cheque (name on verso, cashed on October, January, April)

**Pass région** N°..... : make a 30€ separate cheque (deduced from membership)

**Pack Loisir** : give the coupon and make a 15 € separate cheque (deduced from membership)

*Cheques for Pass region and Pack loisir will be returned*

### Image reproduction right & data storage

☐ I **don't authorise** Meylan Kendo Club to publish any photo of myself on its website, Facebook page and forum.

☐ I **don't authorise** Meylan Kendo Club to store on computers the data hereby written, according to the data protection act.

### Contraindications / Person to contact

Allergies and symptoms or contraindications : .....

Name and phone of physician and/or person to contact : .....

### Parental permission for minors

I, the undersigned ....., legal representative of ....., admit having being informed of the Meylan Kendo Club rules and regulations as well as the training conditions (place, date, schedule) and give my child my permission to practice kendo at Meylan Kendo Club.

I authorise the Meylan Kendo Club, in case of a serious incident during kendo practice, to call emergency services or carry my child to the nearest hospital, where every surgery will be carried out if necessary.

*Cross out this paragraph in case of refusal and give instructions*

I hereby declare joining the **MEYLAN KENDO CLUB** and complying with its rules and regulations.

At ....., on .....

SIGNATURE (with 'read and approved')