

# **CFTS INDUCTION FORM**

**COMPULSORY FOR ALL NEW CFTS BEGINNERS TO COMPLETE PRIOR TO TRAINING**

**NAME**.....

**DATE OF BIRTH**.....

**ADDRESS**.....

**NEXT OF KIN (CONTACT NAME)**.....

**CONTACT TEL No**.....**MOBILE No**.....

**ALTERNATIVE CONTACT & TEL No**.....

**SPECIFIC MEDICAL CONDITIONS, ALLERGIES OR DISABILITIES etc**.....

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*How did you hear about CFTS Karate?*

*Press, Thompson, Recommendation, Website, Poster, Library, Leaflet,  
Other – Please specify:*

*I understand it is my responsibility to keep CFTS informed of any change in the above information. I agree to abide by the rules and constitution of CFTS. I also understand that in no way can CFTS nor its instructors be held responsible neither for any loss of personal possessions nor for any injury occurring during training or otherwise. In the case of the above named person being a child I consent to them receiving emergency medical treatment.*

*Signed*.....*Name*.....*Date*.....