



HAGAKURE SHONEN DOJO
STUDENT REGISTRATION FORM

Student	
Name	
Date of Birth	Nationality
Place of Birth	Country of Birth
Address	
Telephone	
Email	
Please specify any medical condition that may affect the student's ability to train:	

Parent/Carer	
I (name)	
<p>give permission for the above named student to attend Hagakure Shonen Dojo and be trained in the art of budo.</p> <p>I do/do not give permission for them to be filmed or photographed during the lesson for the student's personal use or for educational purposes within the dojo. Explicit permission will be sought for any material intended for publication (such as publicity) or third party viewing of any kind.</p> <p>I do/do not give permission for my email address to be used to receive information related to dojo activities.</p>	
Signed	
Address (if different from above)	
Telephone	
Email	

Data Protection Act 1998:

Hagakure Shonen Dojo keeps the information provided on this form in an electronic database. This information is used only for the purposes of administering Hagakure Shonen Dojo and the functions provided to members by Hagakure Shonen Dojo. This information will not be provided to a third party for any purpose other than that necessary for Hagakure Shonen Dojo membership purposes.