

SHOTOKAN KARATE DOJO MEMBERSHIP

APPLICATION FORM

First Name		OFFICIAL USE ONLY:
Surname		
Contact no.		
Email address		Please supply 2 x Passport photo's for new members only.
Gender M F	D.O.B.	Club:
Your Full Address		Medical Please give details of any health disorders. Emergency contact:
Licence	Please put a cross (x) in the box if you are applying for a new annual licence	
	I am applying for an annual membership to join Shotokan Karate Dojo Fee £30.	
	I am applying for a renewal membership to join Shotokan Karate Dojo Fee £20.	
Registration Number	Expiry Date	Present Grade

Declaration:

I the undersigned agree to abide by the rules and constitution of Shotokan Karate Dojo. I also give my consent as a member parent or guardian that any photographs taken during, before or after karate classes or championships may be used and incorporated into the SKD. publicity or web site. Karate is a contact activity and any injuries that I receive during training courses or competition are my own responsibility and I will not hold the instructors the clubs or SKD. in any way responsible for any loss, damage or injuries to myself accidental or otherwise. Please note that the licence insurance is for 3rd Party only.

Signature	
Date	

should sign on behalf of applicant under 16 years of age
 Please enclose 2 X
 Passport photos & £30
 Fee (New Members Only)