

Student Membership Application

(This membership includes; annual licence, public liability insurance & accreditation to the Karate Society)

Application for:	Junior License <input type="checkbox"/>	Adult (18+) License <input type="checkbox"/>	Date of Application:
------------------	---	--	----------------------

Full Name:	Date of Birth:	Occupation:
------------	----------------	-------------

Address:

Telephone Number(s):

E-mail Address:

Why do you want to learn KaraTe?

Do you have any specific learning difficulties?

Do you have any Martial Arts or relevant history in terms of body work?

Medical History: Do you suffer from any of the following? Please tick in the boxes provided:

- Allergy (ies) Asthma Diabetes Epilepsy Haemophilia Hay Fever
 Nervous Disorder Respiratory Disorder Migraine Joint/Skeletal HIV

Other Please provide details:

Criminal History: Have you ever been charged or convicted with any crime of violence? No

Yes Details:

Declaration

I declare that the above information is true and correct. I will abide by the terms & conditions of EmptyHands KaraTe School *(please refer to your licence page for Ts&Cs)*. I accept that the practise of any martial art involves the risk of injury.

I am happy to enclose with this application; initial membership fee: £35 *(This fee must be paid within 4 weeks of membership)*

Signed (18 years+ / Student):	Signed (Parent / Guardian of Students under 18):
-------------------------------	--

Please hand this form to your Instructor / School Manager for approval process

Membership Registration Code:	Sensei / Instructor Signature:
-------------------------------	--------------------------------