



SHIKUKAI KARATE-DO INTERNATIONAL

INSURANCE & MEMBERSHIP APPLICATION

- 1 Complete this side of the form in BLOCK CAPITALS and sign below.
- 2 Enclose the following with your completed form:
 - 2 passport size photographs
 - Stamped addressed envelope.
 - Cheque payable to 'Shikukai Karate' or associated club.*
- 3 Send to Shikukai, 38 Friars Avenue, London, SW15 3DU or give to your instructor

*Please consult your instructor for the current fee.
Late renewal exceeding 1 calendar month from expiry will incur an additional fee of £10.00.

- A Shikukai may decline applications without giving a reason. Membership is not transferable.
- B If your conduct is considered to be detrimental to the interests of Shikukai, it may withdraw your membership and cancel your licence.
- C Your licence is the property of the Shikukai. It must not be tampered with or passed to any unauthorised person. Loss or destruction must be reported immediately to the Federation.
- D Insurance covers scheduled risks. Phone 020 8785 7715 for details.
- E **It is the student's own responsibility to ensure that have valid insurance and membership for training within Shikukai. Renewal must be sought in the calendar month before expiry.**

Surname	<input type="text"/>
Forename	<input type="text"/>
Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>
e-mail	<input type="text"/>
Date of Birth	<input type="text"/>
Occupation	<input type="text"/>
Nationality	<input type="text"/>

Have you ever been convicted of a crime of violence
 Yes No

Are you suffering or have you ever suffered from the following? (if yes please mark any that apply)

- | | | |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Heart Disorder | <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Haemophilia | |
| <input type="checkbox"/> Other medical condition or disability (please specify) | | |

Height Weight

Current Club

Name of Club	<input type="text"/>
Instructor	<input type="text"/>
Date Started	<input type="text"/>
Licence No	<input type="text"/>
Expiry Date	<input type="text"/>

Previous Martial Arts History

Have you practiced other martial arts? Yes No

If yes, which style(s), for how long, and what grade did you achieve?

DECLARATION

I certify that to the best of my knowledge and belief the information I have provided on this form is correct

Signed

Date

Signature of parent or guardian for applicants below the age of 18 (please include an emergency contact phone number)

Signed

Date

Name

Emergency contact

