

KATSU-MI KAI SHOTOKAN KARATE

Licence Application Form/Student Declaration

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 1: Personal Details** | | | | | |
| **First Name(s):** | | | **Date of Birth:** | | |
| **Surname(s):** | | | **Title:**  **Mr Mrs Miss Ms Dr** | | |
| **Address:** | | | **Contact Phone Number(s):**  **Landline: Mobile:** | | |
| **Email Address:** | | | **Occupation:** | | |
| **Section 2: Licence Details** | | | | | |
| **Licence required: (£30 fee) Child Adult** | | | **Club Instructor Name:** | | |
| **Current Licence Expiry Date:** | | | **Current Licence Number:** | | |
| **Section 3: Medical History** | | | | | |
| **If you suffer from any of the conditions listed below, you should circle the appropriate condition clearly.**  **Please note that this must be done before you start training. As with any other sport of physical activity, it is advisable to consult your Doctor/GP before you begin training.** | | | | | |
| **Migraine/Severe Headaches** | **Epilepsy** | **Hay Fever** | | **Diabetes** | **Respiratory**  **Problems** |
| **Nervous Disorders** | **Heart Disorders** | **Haemophilia/other Blood**  **Disorder** | | **Hearing**  **Problems** | **Sight Problems** |
| **Please list any injuries not mentioned above, which may affect your training – this includes injuries to Bones, Joints, Muscles etc. Please detail the date and nature of the injury where possible:** | | | | | |
| **Section 4: Emergency Contact Details** | | | | | |
| **Contact Name:** | | | **Relationship to Applicant:** | | |
| **Contact Phone Number(s):** | | | **Address:** | | |
| **Section 5: Criminal Record Details** | | | | | |
| **Have you ever been convicted of a crime of violence? YES / NO If YES, please give full details below:** | | | | | |
| **Section 6: Declaration** | | | | | |
| **I accept that the practice of Martial Arts/Combat Sport involves the risk of serious injury. The information provided on this Application Form is correct to the best of my knowledge.**  **Signed: Date:**  **(Parent or Guardian if under 18yrs)**  **Data Protection Statement:** I agree that my personal data can be shared by Katsu-Mi Kai for legitimate business reasons including training and internal communications in accordance with the General Data Protection Regulations 2016 | | | | | |
| **PLEASE MAKE CHEQUES PAYABLE TO: M CARROLL**  **Please send the completed form, along with a S.A.E to: M Carroll, 59 Sherwood Avenue, Melksham, Wiltshire. SN12 7HL** | | | | | |