

WADO KARATE UNION KARATE CLUB

NAME OF CLUB

NEW STUDENT REGISTRATION FORM

Please complete and return to your club instructor or secretary

PLEASE COMPLETED IN BLOCK CAPITALS

Name: _____

Address: _____

_____ Post code: _____

Telephone number: _____ Email (optional): _____

Date of birth: _____

INFORMATION ABOUT YOU

- Have you practised martial arts before? Yes No
If yes, please give brief details of type (eg. Karate, Judo), style (eg. Shotokan, Wado-Ryu), organisation and grade achieved. _____
- Do you hold a current martial arts licence? Yes No & insurance Yes No
- Do you suffer from any of the following?:
Migraine Yes No Epilepsy Yes No Hay fever Yes No
Diabetes Yes No Nervous disorders Yes No Haemophilia Yes No
Respiratory Yes No Heart disorders Yes No Other (please specify below) _____
- Have you ever been convicted of a crime of violence? Yes No
- Do you accept that the practice of martial arts carries a risk of injury? Yes No

IT IS NECESSARY TO KEEP AN UP-TO-DATE KARATE LICENCE FOR YOUR PERSONAL INSURANCE

Please ask your club instructor or secretary for an application form

DECLARATION

I certify that to the best of my knowledge and belief the foregoing details are correct and in the event of being accepted as a member of the undertake to abide by the constitution and by-laws of the WKU.

Signature _____ Date _____

Parent or guardian if applicant is below 18 years of age. (sign below)

Signature _____ Date _____

Any information gathered will be treated in the strictest confidence and is recorded by this club for legal purposes. This information will not be shared with any other organisation.



WADO KARATE UNION

Affiliated to the WKF (Recognised by the Sports Council)

Chief instructor: Tony Heap 7th dan

Club instructor:

Club secretary:

