KENSHINKAI SHOTOKAN KARATE CLUBS

CULFORD NEWMARKET HONNINGTON (SUFFOLK) CHADWELL HEATH 7 KINGS (ESSEX)
KENSHINKAI INTERNATIONAL – CALCUTTA - **INDIA** STAVANGAR & KRISTIANSUND - **NORWAY**

01284 811363 **www.kenshinkai.biz**

Membership Number

PHOTO

1st APPLICATION ONLY

APPLICATION FOR MEMBERSHIP

SURNAME	
FIRST NAMES	
MALE/FEMALE	

DATE OF BIRTH		AGE		CLUB NAME	
ADDRESS				INSTRUCTORS NAME	
				PRESENT GRADE	
	POSTCODE			DATE OF GRADING	
HOME PHONE				GRADING EXAMINER	
OCCUPATION				SCHOOL	
E-MAIL ADDRESS					

(1) Have you ever been convicted of a crime of violence? yes/no

(2) Do you suffer from any of the following medical conditions? yes/no

please tick ☑

MIGRAINE / EPILEPSY / HAYFEVER / RESPIRATORY PROBLEMS (i.e Asthma)
HEART DISORDERS / AEMOPHILIA / NERVOUS DISORDERS / DIABETES / OTHER (Please detail)

(3) I accept that the practice of a Karate involves the risk of SERIOUS INJURY and take responsibility for any injuries that may occur whilst attending any Training Session, Course, Grading or Tournament organised by or on behalf of Kenshinkai Shotokan Karate Clubs.

(4) I agree to abide by the rules and conditions of membership of Kenshinkai. I understand that training fees must be paid on a continuous basis throughout the year whether I am training or not, except with the express permission of the Kenshinkai Head Office, or if I take a break from training for a minimum period of 3 months.

SIGNATURE..... **DATE**.....
(of Parent/Guardian if under 18 years)
Full Names and emergency contact telephone numbers of both parents (or guardian)

I enclose : Membership fee of £30.00
2 passport size photos

GI SIZE:

RECEIVED:

How did you hear about this club? (please tick) ☑

		Newspaper Advert	
		From a friend	
		Other (please state)	