



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' **NO** or associated club:* **'Mushin Jyuku Shikukai' YES**
 - 3 Send to Shikukai, 38 Friars Avenue, London, SW15 3DU or **give to your instructor YES**
- *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 they 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*)

- No Yes Migraine
- Heart Disorder Epilepsy
- Respiratory Problems Diabetes
- Nervous Disorder Haemophilia
- Other medical condition or disability (*please specify*)

Height Weight

Current Club

Name of Club	<input type="text" value="Mushin Jyuku Shikukai"/>
Instructor	<input type="text" value="Rob Selby"/>
Date Started	<input type="text"/>
Licence No	<input type="text"/>
Expiry Date	<input type="text"/>

Previous Martial Arts History

Have you practised 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

