Independent Karate Clubs

Licence Application Form

NOTE: Please read 'ALL' of the form 'BEFORE' completing. Complete 'ALL' Relevant sections using 'BLOCK CAPITALS'

PERSONAL	DETAILS (Student)	LIC
Mr / Mrs / Miss	5 / Ms / Other:	Wh
First Name		Se
Surname		Che
Address		(1) Dat
Post Code		Inst
Date of Birth		(2)
Tel Number		(2)
E-mail		Pre
For Official Use	Only Code:	
Lic No:	lss: Exp:	
may affect yo Doctor and y undertaking 2. I do not have me from taki 3. I have never	at you may have a Medical Condition that our training then you should consult your you must inform your Instructor BEFORE any exercise. e any medical condition that would prevent ing part in strenuous exercise. been convicted of a violent crime. the practice of a Martial Art may involve the	Fee If yo ther reno YOU



LICENCE DET	AILS	
What licence do yo		✓ tick appropriate boxes
First Licence Section (1) Only	Renew Licence Section (2) Only	Replace Licence Section (2 & 3)
£	£	£
Cheques payable to '	IKC'	
(1) First Licenc	e Only	
	FWO' PASSPORT SIZE NAME on back)	PHOTOGRAPHS
Date started Karate	e / /	
Instructors Name:	Sensei -	
Club:		
(2) Licence Ren	iewal & Replace	ement Only
Previous Licence N	umber	
Last Grade Ky Taken	/u/dan Date pass	ed
*N	OTE: You must send LICENCE BOOK	your
wit	h a RENEWAL applic	ation
(3) Replace Los	t or Damaged L	icence Book
Fee for replacement		
	our Licence AND need a se £ for a replacement	
renewal fee: £ +£ YOU WILL ALSO NEED	(total £)) TO ENCLOSE 'ONE PAS	SSPORT PHOTO
1	MPLETE CHECK	LIST
tick appropriate box	xes when DONE	
Form Complete	ed Correctly – ALL info	ormation please
TWO Passport	Photos (First & Repla	cement Licences)
Licence Book (F	Renewals Only)	
Fee – Correct F	ee Included	
-	pplication form etc.	o your:
Club Instructo OR SEND TO:	Dr	
	er, 31 Pemberton G	ardens,
Romford, Ess	ex, RM6 6SH	IKC Lic MAR 201
		IKC LIC IVIAR 20

risk of injury and it is my responsibility to ensure that I have a valid and up to date Licence.

5. I do not object to my personal details being held on Computer by the IKC and the Governing Body.

Please indicate any medical condition that you may have: i.e. Asthma

Signed:	
	Parent or Guardian if under 18 years
Date:	

Need help or further information, please email: licences@ikc.org.uk

(Allow 21 days for return of your licence)