

Independent Karate Clubs

Membership Form and Questionnaire



Membership



Club Joined:	<input type="text"/>	Date Joined:	<input type="text"/>
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PLEASE NOTE: A Parent or Guardian must complete and sign this form if the student is under 18 years of age.

Student Name Mr / Mrs / Miss / Ms / Other
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Address	Date of birth:	<input type="text"/>
	Occupation/School Name:	<input type="text"/>
Post Code:	Contact in emergency:	Name:
	Address:	Relationship:
Telephone:		Telephone:

Is there any medical condition that you have or may be suffering from that would prevent you from taking part in a physical activity? (If you are not sure, consult your Doctor)

Details:

Do you have any of the following conditions:

Please tick Yes or No.	Y	N
Asthma		
Epilepsy		
High Blood Pressure		
Heart Condition		
Diabetes		
Hernia		
Hepatitis		
Anxiety		
HIV		
Joint/Muscle Problems		
Faint/Dizzy spells		
Are you pregnant		

Further Questions: Please tick Yes or No.	Y	N
Do you do any other Sport or Regular Exercise ?		
Have you trained in Martial Arts before ?		
Have you ever been convicted of any crime ?		

I understand that Karate is a physical activity and that injuries may occur and I accept that risk.

I also understand that I must obtain an EKF Licence before I train and I will not hold any other member of the Independent Karate Clubs or IKC responsible for actions in the event of any injury if I have not applied for an EKF Licence.

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(Parent or Guardian to sign if under 18 years old)

Signed:

Date:

Parent / Guardian Name: _____ If student under 18 years