

APPLICATION FORM FOR MEMBERSHIP OF THE SCHOOL KARATE CLUB
 Upon joining the above centre you will automatically become a member of the
 "UNITED KINGDOM SEIKI-JUKU KARATE ORGANISATION" (U.K.S.K.O)

Please fill out the form in full.

Full name:.....Mr Mrs Miss Ms Mstr

Full Address:.....

Contact Phone:.....E-Mail.....

Date of Birth:.....

Do you suffer from any of the following? (Tick as appropriate)

Heart problems Haemophilia Diabetes Epilepsy Asthma Migraine Nervous Disorders

Please specify any other health concerns.....

Do you have any criminal convictions? Yes No

I have read and agreed to abide by all of the rules and regulations now in force at the above centre.

I understand that I will not be permitted to train unless my fees are paid and up to date.

I understand that the centre will not be held liable for any injury sustained.

Signature of student/parent.....Date.....

Please tick: Senior student Junior student New application Renewal application

_____ This half to be kept in club files _____

UKSKO Membership Form: Karate centre

Mr Mrs Miss Ms Mstr

Forename:

Surname:

Full Address:

Post code -

Contact Phone: -

E-Mail:

Date of Birth: - -

Date : - -

Senior student Junior student First application Renewal application

PLEASE MAKE ALL CHEQUES PAYABLE TO U.K.S.K.O

Licenses will take approximately 4 weeks to process