

Elkai Karate

MEMBERSHIP APPLICATION FORM



MEMBERSHIPS (ALL AGES) @ £35.00

ALL MEMBERS MUST CLEARLY COMPLETE THE FOLLOWING SECTIONS:

MR	MRS	MS	FIRST NAME					
			SURNAME					
			D.O.B		AGE			
ADDRESS:								
POSTCODE:								
EMAIL								
TEL NO:								
OCCUPATION:								

HAVE YOU SUFFERED, OR DO YOU SUFFER FROM ANY OF THE FOLLOWING CONDITIONS (CIRCLE IF APPLICABLE)

BLOOD	YES	NO	KIDNEYS	YES	NO	LIVER	YES	NO
HEART	YES	NO	RESPIRATION	YES	NO	EPILEPSY	YES	NO

IF ANY OTHER INJURY OR MEDICAL CONDITIONS PLEASE SPECIFY IN BOX BELOW:

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DESCRIBE BELOW ANY MEDICATION BEING TAKEN OR TREATMENT BEING RECEIVED:

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HAVE YOU EVER BEEN CONVICTED OF A SERIOUS OFFENCE, CRIME OR VIOLENCE	YES	NO
IF YES GIVE PLEASE GIVE DETAILS		

MEMBERS SIGNATURE (PARENT IF UNDER THE AGE OF 16)	
INSTRUCTORS SIGNATURE	
DATE	

DECLARATION

I WILL ALWAYS STRIVE TO UPHOLD THE SPIRIT AND PRESTIGE OF KARATE-DO, BOTH INSIDE AND OUT THE DOJO. I WILL NEVER USE MY KNOWLEDGE, EXCEPT IN DEFENCE OF MYSELF, FAMILY, FRIENDS OR IN LAW AND ORDER. I WILL ALWAYS OBEY AND RESPECT MY SENSEI PURSUE PERFECTION IN STYLE AND SUPPORT ELKAI. I WILL NOT HOLD THE CLUB RESPONSIBLE OR LIABLE FOR ANY LOSS, DAMAGE OR INJURY AT ANY TIME, REGARDLESS OF CAUSE. I UNDERSTAND THAT ON OCCASSIONS IMAGES OF STUDENTS TRAINING WILL AND COULD BE USED FOR PROMOTIONAL AND CLUB PURPOSES.

DIRECT DEBIT PAYMENTS: ELKAI SPORTS LTD,

SORT CODE: 207217/**ACCOUNT NO:** 43882489