

Kyokushin Scotland

Students Licence Application Form IKKU Independent Kyokushin Karate Union

STUDENT LICENCE / INSURANCE APPLICATION

PLEASE COMPLETE THIS FORM FULLY IN BLOCK CAPITALS

Application for: Junior Licence (8-16yrs) []

Adults Licence (over 16yrs) []

Full Name:Date of Birth:

Address:

..... Post Code:

Telephone Number: (.....) Occupation:

Martial Arts History: (Have you ever practised a martial art? If so, please list details including grade achieved, date grade achieved and association/instructor)

Medical History: (Do you suffer from any of the following? Please tick in the box provided)

Allergies [] Asthma [] Diabetes [] Epilepsy [] Haemophilia [] Heart Disorder []

Hay Fever [] Nervous Disorder [] Respiratory Disorder [] Migraine [] Joint/Skeletal []

HIV [] Other [] Please give details:

Criminal History: Have you ever been charged or convicted with any crime of violence?

Yes [] Details:.....No []

DECLARATION

I declare that the above information is true and correct, and that I will abide by the policies and procedures as laid down by the IKKU Governing Body. I accept that the practise of any martial art/combat sport involves the risk of serious injury.

I enclose with this application:

1. One passport type photograph (not required for renewal)
2. Required application fee (First Application £20, Renewal £18) **Cheques to: Senshi Do Karate**

Signed: (students 18 years plus)

Signed: (Parent/Guardian of students under 18 years)

Date:

PLEASE HAND THIS FORM TO YOUR INSTRUCTOR/CLUB SECRETARY,
SO THAT IT MAY BE COUNTERSIGNED

Chief Instructor/Club Secretary Signature: