

DORKING FREESTYLE SPORT KARATE APPLICATION FOR MEMBERSHIP & LICENCE



Please complete form in BLOCK CAPITALS

NAME:	SURNAME:	DATE OF BIRTH:																
HOME ADDRESS:																		
		POSTCODE:																
HOME TELEPHONE No:																		
WORK TELEPHONE No:																		
OCCUPATION:		EMAIL ADDRESS:																
CLUB NAME & ADDRESS: DORKING FREESTYLE SPORT KARATE,																		
VARIOUS																		
NAME OF INSTRUCTOR: STEVE FOOT																		
PREVIOUS AMA / WAKO No.:		EXPIRY DATE:																
PLEASE SEND ONE PASSPORT SIZED PHOTOGRAPH WITH THIS FORM. NOT REQUIRED FOR RENEWALS																		
Tick Licence/Membership Required:																		
Junior (under 16) £25.00 <input type="checkbox"/> Senior (16 & over) £35.00 <input type="checkbox"/> Renewal <input type="checkbox"/> First Licence <input type="checkbox"/>																		
For your own safety the Amateur Martial Associations demands that all students complete the questionnaire below so that all instructors have a clear understanding of medical history and suitability, all information will be treated with strictest confidence.																		
1. Have you previously been a member of a martial arts class? Yes/No																		
2. Have you suffered any injuries in the last six months? Yes/No If yes, give full details:																		
3. Do you suffer from or have you ever suffered from																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">a) Hemophilia</td> <td style="width: 33%;">Yes/No</td> <td style="width: 33%;">e) Respiratory Problems</td> <td style="width: 33%;">Yes/No</td> </tr> <tr> <td>b) Diabetes</td> <td>Yes/No</td> <td>f) Asthma or Hay fever</td> <td>Yes/No</td> </tr> <tr> <td>c) Epilepsy</td> <td>Yes/No</td> <td>g) Mental Disabilities</td> <td>Yes/No</td> </tr> <tr> <td>d) Nervous Disorders</td> <td>Yes/No</td> <td>h) HIV/Aids</td> <td>Yes/No</td> </tr> </table>			a) Hemophilia	Yes/No	e) Respiratory Problems	Yes/No	b) Diabetes	Yes/No	f) Asthma or Hay fever	Yes/No	c) Epilepsy	Yes/No	g) Mental Disabilities	Yes/No	d) Nervous Disorders	Yes/No	h) HIV/Aids	Yes/No
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4. Have you ever suffered a serious illness? Yes/No																		
5. Have you ever suffered a serious accident? Yes/No																		
6. Have you been advised by a Doctor against taking part in any physical sport? Yes/No If you have answered yes to any of the above, please give details:																		
7. Have you ever been convicted of a violent criminal offence? Yes/No If yes, please give details																		
I confirm that my instructor has explained to me the training methods used in the Martial Arts. I accept that the practice of Martial Arts involves the risk of serious injury.																		
Applicants Signature _____ Print Name _____ Date _____																		
Parents/Guardians Declaration (to be completed for all applicants under 18 years of age) I confirm that I consent to the above application and that I have been informed of the nature and potential risks of martial arts training by the instructor.																		
Parent/Guardian Signature _____ Print Name _____ Date _____																		
The Amateur Martial Associations reserves the right to refuse this application.																		
FOR OFFICE USE ONLY																		
Date Returned																		
Fee Received £	Date Received	Licence No. Expiry Date:																
All Cheques, Postal Orders, etc. should be made payable to DFSK and returned to Claire at the club or by post to Mrs C Foot, 47 Oak Ridge, Dorking, Surrey RH4 2NY Please allow 28 days for delivery																		

