



松濤館流空手組合理合

MEMBERSHIP AND LICENCE APPLICATION FORM

Data Protection Act – Information gathered on this form will be stored on computer, but will not be issued to any other person without permission from the person who supplied it.

Please complete this form and return it to the Club Instructor with the correct remittance.

PERSONAL DETAILS

Note: Membership is required after three lessons

Name: Mr, Mrs, Miss, Dr.

Address:

Postal code:

Telephone number:

Emergency contact name and number:

Email address:

Date of birth:

Current age:

Male or Female:

HEALTH INFORMATION

Have you ever had, or currently have any of the following medical conditions?

- | | | | | | |
|---------------------|--------------------------|-------------------------|--------------------------|---------------|--------------------------|
| Asthma | <input type="checkbox"/> | Respiratory problems | <input type="checkbox"/> | Hay fever | <input type="checkbox"/> |
| Visual difficulties | <input type="checkbox"/> | Hearing difficulties | <input type="checkbox"/> | Epilepsy/fits | <input type="checkbox"/> |
| Heart disorders | <input type="checkbox"/> | Liver/kidney disorders | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| HIV | <input type="checkbox"/> | Hepatitis A, B or C | <input type="checkbox"/> | Haemophilia | <input type="checkbox"/> |
| High blood pressure | <input type="checkbox"/> | Back or joint disorders | <input type="checkbox"/> | Allergies | <input type="checkbox"/> |
| Migraines | <input type="checkbox"/> | Dyslexia | <input type="checkbox"/> | Dyspraxia | <input type="checkbox"/> |
| Autism/Aspergers | <input type="checkbox"/> | ADHA | <input type="checkbox"/> | | |

If YES to any of these, please give details below. * For this item please complete the opposite side of this form

DISABILITY AND LEARNING

As part of SKKK's commitment to the Equality Act and the principals of good practice relating to equity and disability within the association, regular reviews of any learning or disability issues amongst students will be carried out, in **STRICT CONFIDENCE**. As part of this assessment, please could you answer the questions below as accurately as possible? The information below will **not** be shared with anyone except for association instructors on a **need to know** basis. The information that is given will only be used to help improve the delivery of your training.

1. Would you class yourself (or your child) as having a disability or learning difficulty? YES / NO

If YES please state: _____

2. Have you (or your child) been **diagnosed** with a disability or learning difficulty? YES / NO

If YES please state: _____

3. Does your (or child's) disability or learning difficulty affect or make training difficult in anyway?
YES / NO

If YES please state: _____

4. Is there anything that you think will help you (or your child) while training e.g. specialised equipment, visual aids, one to one tuition etc. YES / NO

If YES please state: _____

MEDICAL TREATMENT AND ADVICE POLICY

For use in all cases of injury in SKKK Dojo

Please note that as a Karate club affiliated to the World JKA Karate Alliance and in line with current guidance and good practice, our instructors have all attended training in Emergency First Aid as required under health and safety legislation. We are able to carry out basic first aid for the safety and wellbeing of your child. All incidents or injuries are recorded in the accident book of each Dojo and must be acknowledged and signed by all parties, including yourself.

It is important to note that we can offer immediate first aid **ONLY**. An ambulance will be called to any emergency but we must stress that it is your responsibility to seek further medical advice in ALL circumstances of injury/illness as underlying medical problems may not be immediately apparent – for example: cuts and grazes may become infected, bruising may conceal a fracture and a head injury may worsen several hours after the incident.

You can consult medical practitioners such as your **GP** or **NHS Direct on 0845 4647**

By signing this form application form you accept this policy above.

CONVICTIONS

Have you been convicted of any crime related to violence (ABH, GBH etc.) YES NO

If YES, please give details below.

PREVIOUS MARTIAL ARTS EXPERIENCE

Have you trained in a martial art before? YES NO

If yes, please give details below of the type of martial art practiced.

Please indicate your highest grade obtained, the date and who the examiner was

DECLARATION

I declare that the above information provided is true and complete to the best of my knowledge and that I will abide by the policies and rules of the Shotokan-Ryu Karate Kyokai Kokusai (SKKK). If any of the above information changes, I will inform you straight away in writing. I understand that failure to disclose information or provide false information may result in my application being rejected or membership to SKKK terminated. By signing this form, I fully accept that the practice of a martial art may result in personal injury and also hereby accept the current emergency treatment and first aid policy.

Signed:

Member or Parent/Guardian if under 18.

Name:

Date:

FOR OFFICE USE ONLY

Date application received:

Approved:

Rejected:

S.K.K.K. Membership/Insurance reference Number:

Valid from:

Date licence issued:

Remittance received: Yes

No

Amount: £

Qualifications/grade checked and validated:

Yes

No

Signature:

SKKK Membership and Licencing Officer

STAMP