

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? If yes, give full details:	Yes/No
3.	Do you suffer from or have you ever suffered from	
	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	
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? If you have answered yes to any of the above, please give details:	Yes/No
7.	Have you ever been convicted of a violent criminal offence? If yes, please give details	Yes/No
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		

