



**COLCHESTER SHOTOKAN KARATE CLUB
MEMBERSHIP FORM**

Name

Date of Birth

Address
.....

Telephone

Please give details of any conditions such as diabetes, epilepsy, asthma etc and previous injuries that we should be aware of. (Medical certification of fitness may be required).

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I hereby confirm that I will abide by the Rules of the Club that may be in force from time to time. I also confirm that in the unlikely event of injury, the Instructors may arrange the necessary medical treatment, with due consideration being given to information disclosed above.

Signed
(parent or guardian if under 18)

Please attach a completed licence application form together with the licence fee (shown on the licence form), made payable to the 'Colchester Shotokan Karate Club'

Thank you for joining. We hope you enjoy your training.