

Tilehurst Shotokan Karate Club

MEMBERSHIP FORM

Surname First Name

Name you preferred to be called

Date of Birth

Address

Post Code

Male/Female

Contact/Email (parent if under 16 years of age):

...../.....

Parent Contact number during lesson

Do you suffer from any serious medical conditions/allergies? (Circle): **No.** **Yes.**

- If **Yes** please give details below

(It is advisable you consult your doctor before participating in any exercise. If you answered yes to the above, you must obtain your doctor's clearance beforehand)

Do you have any criminal convictions or charges pending? (Circle): **No.** **Yes**

- If **Yes** please give details below

Please supply other relevant information:

I apply to become a member of the Tilehurst Shotokan Karate Club and I agree to abide by its Constitution and Rules as may be in force from time to time. I will endeavour to train twice a week, abide by the dojo etiquette, arrive on time and enjoy myself.

Signed **Date**
(To be signed by the parent/guardian if applicant is under 16 years of age).

I second this proposal for membership of the Tilehurst Karate Club

Signed **Date**
(To be signed by a Club Instructor.)

We occasionally take photographs or film members in class or in tournaments to use in publicity material or for training purposes. If you **DO NOT** wish us to photograph/film your child please sign below:

I **DO NOT** wish my child to be photographed or filmed. **Signed**
(Parent/guardian).

*This application form and the relevant fee should be given to the secretary.
The Tilehurst Shotokan Karate Club reserves the right to decline any application without explanation.*