



English Shotokan Academy

Licence and Membership Application Form

PLEASE COMPLETE AND RETURN THIS FORM WITH A STAMPED, ADDRESSED ENVELOPE TO YOUR CLUB SECRETARY OR INSTRUCTOR. PLEASE PRINT CLEARLY.

Type of Licence* (Please tick as appropriate)

New Licence*	Renewal Licence*	Current Licence No	Expiry Date
Current Grade	Junior	Senior	

Club	Male	Female
First Name	Surname	
House No/Name and Street	Town	
County	Postcode	
Tel No	Mobile	Email Address
Date of Birth	Age	

Membership Fee	£
Licence Fee	£
Total Due	£
Payment Method	Cash/Cheque

My consent to marketing and course communications

Would you like to receive personalised communications on upcoming courses and events from the English Shotokan Academy: YES NO

You can amend or withdraw your consent at any time by sending an email to : englishshotokanacademy@gmail.com.

Please answer the following questions Yes or No	
Do you suffer from: asthma or other respiratory conditions, coronary heart disorder, diabetes, haemophilia, high blood pressure or bloodborne diseases?	
Have you recently suffered from: injuries to bones, joints, tendons, torn muscle, sprains or rupture, or had a major operation?	
Do you currently suffer from: fits, blackouts, epilepsy, diabetes, back/neck/joint pains, rheumatism or arthritis?	
Do you experience trouble with your eyesight or hearing?	
Has a medical practitioner at any time advised you not to participate in any physical exercise programme or sporting activity?	
Are you currently charged with, or ever been convicted of, a criminal offence not considered spent under the Rehabilitation of Offenders Act?	
If 'Yes' to any of these questions, please discuss with your instructor.	

All memberships, insurance and licence fees are renewable annually. Cheques should be made payable to **English Shotokan Academy**.

If accepted into membership, the undersigned takes to abide by the constitution and rules of the **English Shotokan Academy**.

Applicant's Signature	Date
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(If under 16 years, signature of parent or legal guardian)

Club Secretary's/Instructor's Signature	Date
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All information will be treated in the strictest confidence