

SURNAME:	<input type="text"/>	FORENAMES:	<input type="text"/>
ADDRESS:	<input type="text"/>		
POSTCODE:	<input type="text"/>	GENDER:	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>	HOME TEL:	<input type="text"/>
MOBILE NO:	<input type="text"/>	CLUB:	<input type="text"/>
EMAIL:	<input type="text"/>		

Medical Information:

I WISH TO APPLY RENEW LICENCE/S COST £35.00

Mum's Name: **Dad's Name:**

If Applying for more than 1 licence please fill in Student's details below

Name	<input type="text"/>	Name	<input type="text"/>
D.O.B	<input type="text"/>	D.O.B	<input type="text"/>
Medical Info	<input type="text"/>	Medical Info	<input type="text"/>

DECLARATION TO BE COMPLETED BY APPLICANT:

I certify that to the best of my knowledge and belief, the above details are correct, and in the event of being accepted, I undertake to abide by the constitution and by-laws together with any amendments that may be made during my period of my membership.(copies available from your Sensei)

(Please tick the I confirm box)

Signed:

Date:

Signature of Parent / Guardian (if under 16yrs)

PLEASE TEAR OFF AND KEEP THIS TOP SECTION
PLEASE MAKE YOUR BANK TRANSFER ON THE 1ST OR 15TH OF EACH MONTH USING THE STUDENT NAME AS
REFERENCE

ACCOUNT NAME: Mr J.P. Netherton Account Number: 33954692 Sort Code: 20-10-71

**Once your payment has been set up please email us
finance@cika-england.co.uk**

Monthly Subscriptions

Please note, agreement to pay monthly will entitle you to the monthly discount providing the subscription runs for a full 12 months from the first payment date.

Training once a week- £22.50/month, Unlimited training £30/month. Please note to follow the regular grading pattern you will need to train at least twice per week.

Should you have any questions please speak with your Sensei.

Signed:

Date:

Signature of Parent / Guardian (if under 16yrs)

I give permission for myself /my child(ren) to be in photos/videos and understand these may be used on social media and/or the website (Children's names are never used)

Signed:

Date:

Parental Consent

I am aware that karate is a Martial Arts activity with a danger of personal injury. I have understood the nature of the activity and accept the risk involved. I confirm I am the afore named person/parent/guardian of the afore named person and that I consent for myself/him/her to take part in this activity.

Signed:

Date:

Fund Raising

To help with costs we try to organise fund raising events. Please read the rules with regards to monies raised and sign at the bottom if you would like your child to participate in any fund raising events

Any member with fundraising credits leaves our organisation those credits left will be added to the squad credits.

Any sponsorship that is raised by a member using our club/organisation name must be banked with the club treasurer, this will then be turned into credits for the member concerned and will be subject to the above rule.

Signed:

Date:

I have been made aware that Ippon Karate Academy has GDPR policy available for me to view at any time.

Signed:

Date: