

## INTERNATIONAL SHOTOKAN KARATE Registration Form



Please complete this form in BLOCK CAPITALS

FIRST NAME:		SURNAME:	
ADDRESS:			
POST CODE:			
TELEPHONE NUMBER:		EMERGENCY CONTACT NAME / NUMBER:	
DATE OF BIRTH:	AGE:	GENDER:	SCHOOL NAME / OCCUPATION:
PREVIOUS MARTIAL AF	RTS EXPERIENCE:		
MEDICAL OR ANY OTH	ER INFORMATION	: Karate can be an inten	se write as clearly as possible!  se physical activity – please ensure your (Please continue overleaf if necessary)
	pply for MEMBERSHIP costs £40 for children	of the ISK and an EKF KA n under 16 and £50 for ac	
PHOTOGRAPHY / FILM: sessions and grading/tournar includes social media, newsle our Safeguarding Policy. www.	Please note that som nents. These are prima tters, leaflets, website	netimes we take photogo arily used for publicity a	raphs and/or video footage of club training nd promotional purposes by the ISK (which on this can be found on our website under
	rmation and give	my permission for	B) confirm that I have read and him / her to attend karate lessons
SIGNED:	DATE:		