



Application Form

Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

Occupation: _____

Telephone Number: _____

Mobile Number: _____

E-mail Address: _____

Medical Conditions (please specify in full):

Emergency Contact: _____

Name: _____

Address: _____

Phone Number: _____

Mobile Number: _____

Do you give full consent and permission to have photographs/images taken of yourself/your child for use in any and all design work/advertisement for the club? (all photographs/images of children are covered by the Child Protection Act.)

YES

NO

Which of the following can we contact you by for information on up coming events?

Phone Mobile E-mail

I certify that the above details are correct and that I know of no reason why I should not be accepted as a member of the "Thurrock School of Karate".

I am aware that Karate is a strenuous activity and that it is the responsibility of applicants (or parent/guardians) to ensure that they are medically fit to participate.

Signed: Date:

(To be signed by parent/Guardian if under 16 years old.)