

The School of Traditional Karate

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www.windsorkarate.org.uk



STUDENT NAME		
DATE OF BIRTH		
TELEPHONE (mobile)		
ADDRESS		
OCCUPATION / GRADE		
Do you the applicant/child suffer from any medical condition that your instructor should know about? Please tick	Yes No	(If Yes please supply details on the back of this form)
EMAIL		

Fee due - Adult £38.00 Children £26 Payable to: Windsor Shotokan Karate Club (WSKC)
 Signature of Applicant or parent/guardian if under 18 years IS REQUIRED, before you join.

CONDITIONS OF MEMBERSHIP

- 1) All potential Members must declare on application any physical abnormality, sickness or medical condition that could be aggravated by the practice of Karate i.e. Asthma, Epilepsy, Diabetes, Heart defect etc.
- 2) All members will undertake to act in a responsible and safe manner when engaging in club activities and abide by the instructions of the club instructors.
- 3) Members will not engage in Club activities whilst under the influence of Drugs or Alcohol.
- 4) Whilst every care is taken to encourage the safety and health of Members, the club will not accept liability for injury or sickness caused as a result of misbehaviour, general unfitness or unorthodox act, accidental or otherwise, by members on the club premises.
- 5) Note there is some contact by the Instructors which is necessary to assist with the positioning of stance and posture during the lesson, parent's permission for this is granted upon signing this application.....

Please Note: Children must be accompanied by a parent or School during a grading

Signature of applicant or parent/guardian if under 18 years of age:

APPLICANT or PARENT NAME	PRINT	
SIGN & DATE		

Signature of applicant or parent if under 18 years of age

I hereby apply for membership of the School of Traditional Karate. I undertake to abide by the Condition's of membership (which I have read) whilst engaged in club activities.