# Independent Karate Clubs

MMembership


### *Membership Form and Questionnaire*

|  |  |  |  |
| --- | --- | --- | --- |
| **Club Joined:**PLEASE NOTE: A Parent or Guardian must complete and sign this form if the student is under 18 years of age. |  | **Date Joined:** |  |
|  |  |  |  |
| **Student Name** | Mr / Mrs / Miss / Ms / Other |  |  |
|  |  |  |  |
| **Address** |  |  |  |
|  | **Date of birth:** |  |
|  | **Occupation/School Name:** |  |
|  | **Contact in emergency:** | **Name:** |
|  | **Address:** | **Relationship:** |
| **Post Code:** |  |  |  |
|  |  |  | **Telephone:** |
| **Telephone:** |  |  |  |
|  |  |  |  |
| **Is there any medical condition that you have or may be suffering from that would prevent you from taking part in a physical activity? (If you are not sure, consult your Doctor)** |
| **Details:** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Do you have any of the following conditions:** |
| **Please tick Yes or No. . . . . .** | **Y** | **N** |  |  |  |  |
| Asthma |  |  |  | **Further Questions: Please tick Yes or No. . . . . . .**  | **Y** | **N** |
| Epilepsy |  |  |  |  |  |
| High Blood Pressure |  |  |  |  |  |
| Heart Condition |  |  |  | **Do you do any other Sport or Regular Exercise ?** |  |  |
| Diabetes |  |  |  |  |  |  |
| Hernia |  |  |  | **Have you trained in Martial Arts before ?** |  |  |
| Hepatitis |  |  |  |  |  |  |
| Anxiety |  |  |  | **Have you ever been convicted of any crime ?** |  |  |
| HIV |  |  |  |  |  |  |
| Joint/Muscle Problems |  |  |  |  |  |  |
| Faint/Dizzy spells |  |  |  |  |  |  |
| Are you pregnant |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**I understand that Karate is a physical activity and that injuries may occur and I accept that risk.**

**I also understand that I must obtain an EKF Licence before I train and I will not hold any other member of the Independent Karate Clubs or IKC responsible for actions in the event of any injury if I have not applied for an EKF Licence.**

## Independent Karate Clubs

**(Parent or Guardian to sign if under 18 years old)**

**Signed: Date:**

Parent / Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If student under 18 years