

## **Enrolment Form**

## form to the instructor

		* indicates mandatory information		<u> </u>	
Name*				nergency ontact*	
Address*				elationship Student*	
			Ph	nergency one imber*	
Home Telephone	)			obile Iephone	
Email Add	lress			ite of Birth under 18)	
Licence N (Blue Book				ence piry Date	
		ntial that all students ensure that their SKW /			e to do this could result in accident insurance cover being
you have	any c	tails of any medical conditions/disabilities. e.gother special training needs that you feel the interest at any information supplied will be made avai	nstructor should be aw	are of, plea	
		your health changes so that it could affect you s any recommendations that the Karate Instru			our GP for advice before continuing with your training. If take these known to the instructor.
	on w		city purposes (e.g. new	spapers an	nd website) if you <b>do not</b> want your/the participants photo
present. T	e yo he cl	ur child at the Dojo (training hall) please ensu			cted from within the hall (not outside) while the instructor is ing. Up-to-date emergency contact information is essential
or any of i Karateka s permission	ne ab ts ins shoul n for	structors or members responsible for any injuited never attack first. I undertake to inform the	ry I may sustain. I also instructors of any char nergency. I understand	understand ige in my fit that for my	involving risk of personal injury and I will not hold the club that Karate should only be used in self defence and the ness and am in agreement that those in charge may give safety, and the safety of others, I will undertake to obey ion above.
Signed*				Date*	

(If under 18, signature of Parent/Guardian)