



# English Shotokan Academy

## Licence and Membership Application Form

**PLEASE COMPLETE AND RETURN THIS FORM WITH A STAMPED, ADDRESSED ENVELOPE TO YOUR CLUB SECRETARY OR INSTRUCTOR. PLEASE PRINT CLEARLY.**

Type of Licence\* (Please tick as appropriate)

New Licence*	Renewal Licence*	Current Licence No	Expiry Date
Current Grade	Junior	Senior	

Club	Male	Female
First Name	Surname	
House No/Name and Street	Town	
County	Postcode	
Tel No	Mobile	Email Address
Date of Birth	Age	

Membership Fee	£
Licence Fee	£
<b>Total Due</b>	£
Payment Method	Cash/Cheque

### My consent to marketing and course communications

Would you like to receive personalised communications on upcoming courses and events from the English Shotokan Academy:  **YES**  **NO**

You can amend or withdraw your consent at any time by sending an email to : [englishshotokanacademy@gmail.com](mailto:englishshotokanacademy@gmail.com).

<b>Please answer the following questions Yes or No</b>	
Do you suffer from: asthma or other respiratory conditions, coronary heart disorder, diabetes, haemophilia, high blood pressure or bloodborne diseases?	
Have you recently suffered from: injuries to bones, joints, tendons, torn muscle, sprains or rupture, or had a major operation?	
Do you currently suffer from: fits, blackouts, epilepsy, diabetes, back/neck/joint pains, rheumatism or arthritis?	
Do you experience trouble with your eyesight or hearing?	
Has a medical practitioner at any time advised you not to participate in any physical exercise programme or sporting activity?	
Are you currently charged with, or ever been convicted of, a criminal offence not considered spent under the Rehabilitation of Offenders Act?	
<b>If 'Yes' to any of these questions, please discuss with your instructor.</b>	

All memberships, insurance and licence fees are renewable annually. Cheques should be made payable to **English Shotokan Academy**.

If accepted into membership, the undersigned takes to abide by the constitution and rules of the **English Shotokan Academy**.

Applicant's Signature	Date
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*(If under 16 years, signature of parent or legal guardian)*

Club Secretary's/Instructor's Signature	Date
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**All information will be treated in the strictest confidence**