

South West Independent Karate Organisation Licence/Membership Application Form

Please **PRINT** all details

| | | | |
|--------------------|----------|-----------------------|------------|
| First Name | | | |
| Surname | | | |
| Address | | | |
| Postcode | | Country | |
| Date of Birth | | | |
| Tel.No + Area Code | | | |
| Mobile | | | |
| E-Mail (PRINT) | | | |
| Medical Details | | | |
| Club | | | |
| Grade | | Total enclosed | £25 |
| | Tick Box | | Tick Box |
| New Member | | Renewal | |
| Senior | | Junior (Under 16) | |

If accepted I promise to abide by the constitution & rules of the S.W.I.K.O.

Signed:
(if under 16, signature of parent or legal guardian)

Membership is only available through a club in affiliation with the **South West Independent Karate Organisation**. This completed form together with the appropriate fee should be returned to your S.W.I.K.O. Club Secretary or Instructor for processing.

Please Note: form must be completed **Fully**
As an incomplete form **Cannot** be accepted

Club Registration and Medical Questionnaire

Accurate completion of this form is necessary to assist in the correct administration of your club and will enable the Club Instructor to be aware of any specific training requirements.

All information will be treated in **strict confidence**

| | | | |
|-----------------|---|---------------|--|
| First Name | | | |
| Surname | | | |
| Address | | | |
| Postcode | | | |
| Age | | Date of Birth | |
| Tel.No | | | |
| Mobile | | | |
| E-Mail | | | |
| Medical Details | (please inform us of any medical conditions that could affect exercise) | | |
| | | | |

Please note: by signing this form you agree to allow First Aid and/or medical treatment to be administered in the event of an accident.

Photographs

The S.W.I.K.O. reserve the right to take photographs during karate training and these images may be used on any press publicity, the club notice board and Karate Club websites, as seen fit by the S.W.I.K.O.

Signed