

PLYMOUTH WOOD VIEW KARATE CLUB

Affiliated to: Shotokan of England Karate Union

Licence No _____ **Expiry Date** _____

Name _____

Address _____

Occupation _____ **Date of birth** _____

Telephone _____ **E Mail** _____

I wish to apply for membership of the Plymouth Wood View Karate Club.
Signed _____

In the event of being admitted, I (Block Capitals),

Hereby agree and undertake that I will not hold any members or instructor of the Club responsible or liable to legal action or otherwise as a result of any injury I may sustain during my membership of the Club. I also agree and undertake to abide by the club rules, which I acknowledge I have seen. I hereby declare that all the information I have given is true.

Signed _____ **Date** _____

Joining fee _____

Parental declaration for juniors.

I _____, being the parent/guardian of the above named, hereby agree and undertake that I will not hold any members or instructor of the club responsible or liable to legal action or otherwise as a result of any injury he/she may sustain during there membership of the club. I also agree and undertake to abide by the club rules, which I acknowledge I have seen. I hereby declare that all the information I have given is true.

Signed _____ **Date** _____

Joining fee _____