

Mirai Shotokan Karate Kenkyukai

Admission Form

Please complete **ALL** sections in **BLOCK CAPITALS**

Forenames.....Known as

Surname.....

Date of Birth.....

Home Address.....

.....

.....

Post Code.....

Contacts

Phone (H).....

(M).....

EmergencyName and Telephone.....

.....

E-mail Please write as e-mail.....

Health Details – Please indicate any health problems which may affect your/your child's health and safety whilst in the care of the Dojo.

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Have you/or your child suffered any serious illness or injury during the last 5 years(if yes please state the nature of the illness/injury)

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Have you/or your child ever been advised by your doctor or medical carers not to undertake an exercise programme or to avoid certain exercises Yes/No

Are you /or your child taking any regular medicatons – if yes please state the nature of the medication

.....
.....

Name of doctor.....

Address.....

.....

Telephone

Subject to all reasonable care being taken by the instructors of the Mirai Dojo during the training practice and competition of shototkan Karate then :-

- a. I understand that there is a risk of injury to myself
- b. I understand that there is a risk of injury to my child
- c. In the unlikely event of an injury occuring I consent to myself/my child receiving emergency first aid treatment from an appropriatley qualified person.

The management reserves the right at all times to refuse membership without explanations.

Parent/Guardian signature.....

Date.....

Relationship to child.....

Student signature(18years and over)

Please return this form to:-

Anne Hastings 6th Dan
Mirai Shotokan Karate Kenkyukai.UK
Garfield House
Main Street
Knareasborough North Yorkshire HG5 9HU