

CONWY SHUKOKAI KARATE CLUB REGISTRATION AND MEMBERSHIP FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Full Name:		Date of Birth:	/	/
Address:		Post code:		
Mobile No:		Email:		

MEDICAL DECLARATION

Do you suffer from any medical condition which may affect your participation? Yes / No

Example: Asthma, Brittle Bones, Heart Conditions, Mental Illness, Blood Pressure etc

If yes state:

Do you require any type of medication? Yes / No Please specify:

Please note: All medications needed must be carried at all times.

If you suffer with Asthma you MUST bring your medication to every class

Have you ever been convicted of any criminal offence? Yes / No

If yes, state nature of offence:

ETHICS AND CODE OF BEHAVIOUR

The art of Karate-Do places great emphasis on the development of the character of its students and a code of behaviour is used together with the physical. This is based on a mutual respect of teachers and students and acknowledges that respect must be shown for seniority, by age or grade. Karate-ka are expected to show the same respect for the society in which they live and for those who administer that society.

CLUB TRAINING FEES

The club operates a monthly payment scheme, a similar model to which is used by gyms, fitness clubs etc. You are paying to reserve a place in the dojo, this helps us regulate class sizes and promotes regular training. The fee is based on the club being open 50 weeks of the year and divided into monthly payments of £35 pcm for our normal twice a week training schedule. If any student missed a class, there are no refund of any club fees, if a class is cancelled, a class will be put on to make up, if the student misses this class, there is no refunds on club fees (however this is very rare).

By joining this club, you are agreeing to adhere to our monthly payment scheme. Payments are due at the beginning of the each month. The preferred, and most convenient method of payment is Standing Order.

Club account details: **Account Name:** Aka Ryuu Karate. **Sort Code:** 20-51-23, **Account Number:** 60707848, **Reference:** [Student Name]. **Amount:** £[discussed with your instructor]. **Date of Payment:** [within first week of the month]]

STUDENT / PARENT DECLARATION

Do you accept that the practise of Karate Do involves the risk of injury? Yes / No

PLEASE NOTE: A licence with the SSU MUST be taken out within 4 weeks or 6 lessons of commencing training (which ever is sooner), this includes student insurance and registrations with the SSU.

PLEASE NOTE: Due to the nature of the activity, Parental/Guardian or individual consent is sought in the event of an accident occurring, so that the instructor might obtain any medical treatment deemed necessary if the Parent/Guardian can not be contact. Please sign below if your permission is given.

I declare that..... is fit and well to practise Karate-Do and will abide by the club rules at present and any subsequent modifications and or additions that from time to time may be deemed necessary to make

By signing this form, you are confirming that all the details provided on this form are correct and that you are accepting the risks involved by participating in karate training. You are also accepting that you have read, understand and will abide by all the statements set out above, including the club training fees as agreed with the club instructor.

Signature:

Parent Signature(if under 18):

Date:

All students are actively encouraged and trained in the ethos of Karate-Do.

The primary considerations being:

Character ~ Sincerity ~ Effort ~ Etiquette ~ Self Control ~ Self Discipline