



# RED SUN SHOTOKAN KARATE



YANAGI KAI KARATE ASSOCIATION : ENGLISH KARATE FEDERATION : BRITISH KARATE FEDERATION : EUROPEAN KARATE FEDERATION : WORLD KARATE FEDERATION

## APPLICATION FOR INDIVIDUAL MEMBERSHIP

Please complete form in BLOCK CAPITALS

Male  Forenames:  Surname:   
 Female

Address:

Postcode:

Home Telephone	<input type="text"/>	Mobile Telephone	<input type="text"/>
----------------	----------------------	------------------	----------------------

Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Email	<input type="text"/>
---------------	----------------------	----------------------	----------------------	-------	----------------------

CLUB NAME:	<input type="text"/>	INSTRUCTOR'S NAME:	<input type="text"/>
------------	----------------------	--------------------	----------------------

CURRENT GRADE:	<input type="text"/>	CURRENT LICENCE NUMBER (if any) and EXPIRY DATE	<input type="text"/>
----------------	----------------------	---	----------------------

Have you ever been convicted of a criminal offence? (please tick) Yes  NO

If so please supply details:

### Have you ever suffered, or do you suffer, from any of these medical conditions? (please tick appropriate boxes)

Heart Disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Liver Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kidney Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Breathing Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any other illnesses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blood Disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you taking medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered **YES** to any of the above, please give full details:-

### MEMBERSHIP APPLIED FOR (please tick and delete as applicable):

New/Renewal Membership	<input type="checkbox"/>	£25	Family Membership (2/3 Family Members)	<input type="checkbox"/>	£40/£50
Expired/Late Renewal	<input type="checkbox"/>	£35	New Membership Offer (Licence & Suit)	<input type="checkbox"/>	£35
Expiry Date of Current Licence .....			Expiry Date of Current Licence .....		

**DECLARATION - I certify that to the best of my knowledge and belief, the information given in this application is correct. I accept that the training of Karate involves physical contact and that there is a risk of injury.**

Signature of Applicant \_\_\_\_\_ Signature of Parent/Guardian if applicant is under 16 \_\_\_\_\_  
 Date \_\_\_\_\_

Yanagi Kai reserve the right to verify all applications and if appropriate to decline membership at their discretion

Return Completed Form with:- <b>TOGETHER WITH</b> 1. Cash, Credit/Debit Card or Bank Transfer (Payable to:- 'Red Sun Shotokan Karate, Lloyds Bank, Sort Code 30-96-26 / Acc No 26594668') <input type="checkbox"/> (tick) 2. Passports Size Photos x 2 (New App Only) <input type="checkbox"/> (tick)	<b>Office use Only</b> BACS <input type="checkbox"/> Card <input type="checkbox"/> Cash <input type="checkbox"/> Amount ..... Yanagi Kai Licence No ..... E.K.F.No..... Renewal Date .....
--	--