

SHOTO RYU KARATE KAI  
PERSONAL & MEDICAL DETAILS

**Student Details**

Surname: .....	Forename: .....
Date of Birth: .....	
Address: .....	Tel No: .....
.....	Mobile: .....
.....	Email: .....
Postcode: .....	

**Emergency Contact Details**

Name: .....	Relationship: .....
Address: .....	Tel No:.....
(If different from above)	.....
.....	Mobile No: .....
.....	.....
Postcode: .....	

Have you practiced Karate before? YES/NO (delete one)	Style: .....
How many years? .....	Grade: .....

Please give details of any medical condition that we may need to know about during practice or in an emergency (e.g. Asthma, Diabetes, Epilepsy, Heart Condition, High Blood Pressure, Spinal Injury, Blackouts/Fainting Episodes):

Medication *	Medical Condition *

\*Insert **None** if there is nothing to disclose

I confirm the above details are correct and I have provided my medical history as accurate and to the best of my knowledge. Karate is both strenuous and physical and I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition. I further agree to notify my instructor of any change to the above.	
Applicants Signature: .....	Responsible Adult: .....
	(To sign if applicant is under 18)
Date: .....	

<b>FOR CLUB USE</b>		
Enrolled: .....	Assoc. Member No: .....	Renewal Date: .....