

IKKU Licence form

Independent Kyokushin Karate Union

IKKU LICENCE / INSURANCE APPLICATION

PLEASE COMPLETE IN FULL IN BLOCK CAPITALS

Application for: Junior Licence (under 16yrs) [] Senior Licence (16yrs +) []

Full Name: Date of Birth:

Address:

..... Post Code:

Telephone Number: (.....) Occupation:

Email address:

Medical History: (Do you suffer from any of the following? Please tick all that apply in the box provided)

Allergies [] Asthma [] Diabetes [] Epilepsy [] Haemophilia [] Heart Disorder [] Hay Fever []

Nervous Disorder [] Respiratory Disorder [] Migraine [] Joint/Skeletal [] HIV [] Other []

If other please give details

Criminal History: Have you ever been convicted of any crime of violence?

No [] Yes [] Details

DECLARATION

I declare that the above information is true and correct and that I will abide by the policies and procedures as laid down by the IKKU governing body, I accept that the practice of any martial art / combat sport involves the risk of serious injury.

I enclose with this application:

1. One passport type photograph (not required for renewal)
2. Required application fee

Signed: (Applicant - 18 years plus)

Signed: (Parent/Guardian of applicants under 18 years)

Date:

PLEASE HAND COMPLETED FORM TO YOUR INSTRUCTOR/CLUB SECRETARY