

# DUDLEY SHUKOKAI KARATE CLUB

## Membership Form

NAME:.....

D.O.B.....

AGE:.....

ADDRESS.....  
.....  
.....  
.....

TEL NO:.....

Have you has any serious illness during the last two years?  
If YES please give details.....

Do you have a physical disability?  
If YES please give details.....

Have you ever been convicted of a crime involving violence?  
If YES please give details.....

The practice of Shukokai Karate can be physically demanding. If  
You are in any doubt regarding your physical condition you must  
Seek medical advice before training.

I indemnify the Dudley Shukokai Karate Club against all losses  
(Due to injuries, articles of personal nature, etc) of any nature or  
Cause whatsoever

DATE..... SIGNED.....

(Parent or Guardian if member under 16 years old)

# DUDLEY SHUKOKAI KARATE CLUB

## Permission for use of photographs

Name of Student .....

Address .....  
.....  
.....  
.....  
.....  
.....  
.....

Contact Tel No: .....

I understand that photographs of my son / daughter (please delete as appropriate) may be taken during lessons, courses, tournaments and other events.

I give my full consent to these photographs being used for display purposes, in the media and on [www.dudleyshukokai.co.uk](http://www.dudleyshukokai.co.uk) the clubs website.

Signed .....  
(Parent / Guardian delete as appropriate)

Please state name in capitals .....

Date.....