

NEWPORT SHOTOKAN KARATE CLUB



松清館
空手

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MEMBERSHIP APPLICATION FORM 2011

Full Name:

Address:

..... Post Code:

Date Of Birth: Tel No:

Contact Tel No If Different From Above:

E-Mail Address:

Any Health Problems:

Licence Expiry Date:

DECLARATION TO BE COMPLETED BY APPLICANT

I certify that to the best of my knowledge and belief, the above details are correct.
As a member of Newport Shotokan Karate Club I promise to train diligently and strive for true Karate progress and to fully support N.S.K.C. I further declare that I will not misuse my Karate knowledge and will only apply such knowledge in the defence of myself and others against unprovoked attack and in the support of law and order.

JUNIORS UNDER 18yrs PARENT'S PERMISSION

I Agree/Disagree for the club to take photographs of my child and put them on the club website.
PLEASE DELETE ABOVE

Signed: Date:
(Parent/Gardian if under 18 years)

