



SEIKEN RYU KARATE ASSOCIATION

RENEWAL YEARLY LICENCE AND INSURANCE APPLICATION



Please PRINT all text for administration purposes N.B. This information is required for your application to be processed you are reminded that you are uninsured if your licence is out of date, you are not eligible to train or grade whilst it remains so. The responsibility rests with the student not the instructor to ensure their licence remains upto date.

| | | | | | |
|--|----------------------|--------------------|--------------------------|---------------|--------------------------|
| <u>First Name</u> | | <u>Second Name</u> | | | |
| <u>Address</u> | | | | | |
| <u>Post Code</u> | <u>Date Of Birth</u> | <u>Male</u> | <input type="checkbox"/> | <u>Female</u> | <input type="checkbox"/> |
| <u>Have you ever been convicted of a crime of violence</u> | | <u>YES</u> | <input type="checkbox"/> | <u>NO</u> | <input type="checkbox"/> |
| Anyone taking up a vigorous form of exercise is recommended to have a check up | | | | | |



ESSENTIAL->

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Details from your last licence slip.If none please tick this box. | | | | | |
| <u>Licence</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Expiry Date</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Club Location e.g. Bury</u> | | | | | |
| <u>Instructors name</u> | | | | | |
| <u>Emergency contact phone number</u> | | | | | |

If you suffer from any medical condition which you think may affect your martial arts training please give details below. e.g. your child is asthmatic and may need to use their spray

Use a separate sheet please if needed

DECLARATION TO BE COMPLETED BY APPLICANT, PARENT OR GUARDIAN

I certify to the best of my knowledge and belief, the above details are correct. In the event of my being accepted, I undertake to practice my martial arts in an honourable way and adhere to the traditions of Seiken Ryu Karate. Notwithstanding the provisions of the insurance I hereby agree to indemnify jointly and severally the chief instructor, officers and instructors along with all members of the association in respect of all liability howsoever arising, whether by negligence, breach of contract or breach of statutory duty, including the common duty of care imposed by the occupiers liability act 1957 for the death or personal injury to the above person or any other person occasioned whether on or off the association premises by the act or default of the member. I understand that the training and practice of martial arts involves a risk of personal injury, I accept the terms and conditions of the insurance and remit the current fees.

| | | |
|---|-------------|--|
| <u>Signature (Over 18)</u> | <u>Date</u> | Dental cover is not included with this standard insurance. |
| <u>Signature of parent or guardian (Under 18)</u> | | |

Hand this completed form with fees to the instructor

Cheques should be made payable to SRKA

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|------------------------------------|---|
| <u>Licence & Insurance-£20</u> | £ |
| <u>Amount Enclosed</u> | £ |