

# ENGLISH CONTACT KARATE ASSOCIATION

## APPLICATION FOR MEMBERSHIP

Mr/Mrs/Miss: ..... Date of birth: ...../...../.....

Address: .....

..... Postcode: .....

Telephone No: ..... Date of Application: ...../...../.....

Amount Paid: ..... Instructor Signature: .....

### MEDICAL RECORD

Do you suffer from any of the following:

(Tick if yes)

Diabetes

Migraine

Epilepsy

High blood pressure

Haemophilia

Respiratory problems

Heart Disorder

(Asthma, Hay fever)

Any other conditions which require medical treatment:

.....  
.....

Do you take regular medication for the condition(s) mentioned above, (please give details):

.....  
.....

IN CASE OF EMERGENCY - CONTACT NEXT OF KIN

Name: .....

Telephone No: .....

*I understand that I practice Karate and allied activities entirely at my own risk. I shall not hold responsible the ECKA, its principal officials, instructors, or fellow members for any injury I may sustain.*

*I understand that Membership is non-transferable and that all monies paid are non-returnable.*

Students Signature: ..... (Parent or Guardian if under 18)

#### **PLEASE NOTE:**

Inform the instructor of any changes in your health as soon as possible. The information will be treated in the strictest confidence. Its purpose is to ensure maximum safety and care of the students during training.

**Please give this copy to your instructor and retain the bottom copy yourself.**