



**Rokakai
British Karate Association**

Licence Application Form

Name

Address

.....

.....

.....

Phone Number.....

Date of Birth

E-Mail

Do you suffer from any of the following? Please circle

Diabetes
Epilepsy
Haemophilia
Heart Disorder

Migraine
Nervous Disorder
Asthma
Hay Fever

Do you suffer from any other medical condition other than those stated that might affect your training? If so please give details

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I accept that the training in Rokakai Karate involves physical contact and that there is a risk of injury

Signature Date

Name in block capitals

Signature of parent or guardian if under 18 years of age

..... Date

Photography may be used during lesson times for promotion and website purpose - if you do not wish yourself or your child to be photographed please tick the box