



日本松涛館空手道連盟

Japan Shotokan Karate-Do Federation India

Membership Request Form

STUDENT NAME DATE OF BIRTH

ADDRESS

HOME PHONE EMAIL

MOBILE WORK

Has the student ever taken part in a martial arts class or any other combat sport? If yes please state details

MEDICAL DISCLOSURE

Has the student ever had a previous sporting injury or is the student suffering from any pre/existing medical injury/condition that could affect training. If yes did this result in any legal insurance claims, hospitalization or medical treatment? If yes please state details.

EMERGENCY NEXT OF KIN DETAILS.

All Students must complete this section. We hope to never have to use these details ever.

NAME RELATIONSHIP TO STUDENT

ADDRESS &
CONTACT NO.

If the student is less than 18 years of age a parent / guardian signature is required and also the same parent / guardian must be listed above as the next of kin details. Please note that by signing you are stating the following: jskfi is not responsible for any injuries suffered while on Premises and that you are aware of the risks in taking part in a karate class. This form is only requesting to be accepted as a member and full membership is only granted on approval by the head Instructor.

PARENT / GUARDIAN / STUDENT DATE

Please note Parent / Guardian signature is only required If student is under 18