



Lancaster Red Rose Karate Dojo



Sec: Neil Robinson, 6 Kellet Court, Fairfield Rd, Lancaster LA1 5NP, Mob: 07946 592776
Website: www.lancasterkarate.com

Membership Application Form – Membership Fee £10.00

Name: _____		Occupation: _____	
Address: _____		Post Code: _____	Tel: _____
Date of Birth: _____	Nationality: _____	Email: _____	

Have you any previous Martial Arts experience? Please tick
(if yes please give brief details of Style & Governing Body)

YES _____ NO _____

Please give details of any Police Record (in confidence)

Please provide details of any medical conditions (allergies, asthma, heart condition, etc)

Undertaking

I agree to the conditions of membership of the Club, which practises Shotokan Karate under the auspices of the KUGB. I understand that I cannot claim damages of any kind from the Club, or any member of the Club, for any injury that I may sustain whilst training in the Dojo. Furthermore I promise not to show or use any of the techniques that I may be taught whilst outside the Dojo, except in an emergency, nor do anything to discredit the art of Karate. I understand that to cease training for a period in excess of one year will forfeit my membership of this Club and a rejoining fee will be required to resume membership at a later date.

Signed: _____ Date: _____

If applicant is under the age of 18 years, this form is to be signed by Parent / Guardian giving their consent for the young person to study the art of Karate.