

# INTERNATIONAL ASSOCIATION OF SHOTOKAN KARATE

Chief Instructor: Nicholas B. ADAMOU 9<sup>th</sup> DAN, • [www.karate-iasok.com](http://www.karate-iasok.com)



## PLEASE READ THIS STATEMENT ON GDPR BEFORE COMPLETING THIS FORM

Your contact details will not be sent to any third party and will only be used in order to get in touch with you about karate related matters such as courses, gradings, championships and karate social events or to inform you of any cancellations that may occur to the normal training times and days.

Only fill out the relevant (Junior or Adult) column that applies to you.  
On completion, please bring this whole A4 Application Form along to your first lesson.

## Junior 6 Week Beginners Booking Form

Children under 16 years of age are considered juniors.

Please use **BLOCK CAPITALS**

First Name(s) Mr, Miss: .....

Surname: .....

Male:  Female:  (Please tick the appropriate box)

Date of Birth: ..... Height: .....

Address: .....

..... Post Code: .....

Email: .....

Home Telephone Number: .....

## Adult 6 Week Beginners Booking Form

Please use **BLOCK CAPITALS**

First Name(s) Mr, Mrs, Miss, Ms: .....

Surname: .....

Male:  Female:  (Please tick the appropriate box)

Date of Birth: ..... Height: .....

Address: .....

..... Post Code: .....

Occupation: .....

Email: .....

Home Telephone Number: .....

Mobile Telephone Number: .....

### Important Health Declaration:

Is the applicant (or the applicant's parent or guardian) aware of any physical/medical condition(s) which may interfere with or harm the applicant in their participation of karate. If YES. Has your doctor/general practitioner advised the applicant not to participate in any form of sport, physical activity or karate? If any of the above applies, please give details in the Health Declaration box below:

Have you ever been convicted of a crime of violence?

Yes:  No:  (Please tick the appropriate box)

**Course Fee: £35.00**

(Please make cheques payable to: Mr. N.B. ADAMOU)

**Course Fee: £45.00**

(Please make cheques payable to: Mr. N.B. ADAMOU)

**Please read, sign and date the declaration below:**

I understand that the practice of karate can involve the risk of serious injury during training and whilst taking every reasonable precaution, the instructor cannot be held responsible for any injuries that may be sustained during training.

Signature: ..... Date: .....

(Parent or guardian to sign on behalf of child applicant)

**Please read, sign and date the declaration below:**

I understand that the practice of karate can involve the risk of serious injury during training and whilst taking every reasonable precaution, the instructor cannot be held responsible for any injuries that may be sustained during training.

My doctor/medical practitioner has not advised me that I should not participate in any form of sport, physical activity or karate.

Signature: ..... Date: .....