

Kesshin Kai Martial Arts

Student Information

Name:

Home address:

Registration Date

T-Shirt Size

Home telephone no:

Mobile no:

Email address:

Date of birth:

Medical history:

Budo pass expiry date:

Contact no's for
emergencies:

School/Occupation

Face book address



Application for Registration Kobudo

Please complete all sections of this form. Please print in capital letters.

REGISTRATION TYPE Includes Insurance and Registration		<input type="checkbox"/> JUNIOR REGISTRATION
		<input type="checkbox"/> SENIOR REGISTRATION
SURNAME		MR/MRS/MISS/MSTR
FORENAMES		DATE OF BIRTH
ADDRESS		
DISTRICT		TOWN/CITY
COUNTY		POST CODE
MOBILE		EMAIL
EMERGENCY TEL		OCCUPATION
CLUB AREA		SCHOOL

1. Have you practised a Martial Art? Yes No
If yes, please state which and grade obtained:

2. Have you been convicted of a crime of violence? Yes No
If yes, please give brief details:

3. Do you suffer from any illnesses/allergies?
If so, please state:

4. Do you hold a current Kesshin Kai license?
 Yes No
If yes, please give number and expiry date:

DECLARATION

In completion of this form of application for registration to Kesshin Kai, I accept that participation in a martial art carries the risk of serious injury, and I hereby exonerate Kesshin Kai from losses, either personal, or of articles, or injuries of any nature or cause whatsoever. I further declare that I am fit to train in the martial arts. By completing this form, I accept that details regarding my registration and on-going training will be stored on a computer database. I have read and accept the Terms and Conditions on the website.

SIGNATURE _____ DATE _____

Signature of parent or guardian is required if the applicant is under the age of 18

Please state relationship to applicant if signing on his/her behalf _____