

Sport Nunchaku U.K.

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

Sport Nunchaku

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

REGISTRATION TYPE		<input type="checkbox"/>	JUNIOR REGISTRATION
Includes Insurance and 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:

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

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

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 Sport Nunchaku U.K., I accept that participation in a martial art carries a risk of serious injury and I hereby exonerate Sport Nunchaku 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 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 _____