

# Karate Student Application Form

Welcome to The Budo Ka Red Dragon Shotokan Karate Club

Please complete this form in **BLOCK CAPITALS** to enrol as a student at our karate club. All information will be kept confidential.

## Personal Information

- Full Name: \_\_\_\_\_
- Date of Birth (DD/MM/YYYY): \_\_\_\_\_
- Gender: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Emergency Contact

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

## Medical Information

- Do you have any medical conditions we should be aware of? (Yes/No)
- If yes, please provide details: \_\_\_\_\_
- Are you currently taking any medications? (Yes/No)
- If yes, please list them: \_\_\_\_\_

## Karate Experience

1. Have you practiced karate before? (Yes/No)
2. If yes, where and for how long? \_\_\_\_\_
3. What rank or belt have you achieved previously? \_\_\_\_\_
4. Which club or association did you train with to achieve your grading?

\_\_\_\_\_

## Parental/Guardian Consent

(For applicants under 18 years of age)

- Parent/Guardian Name: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

## Terms and Conditions

By signing below, I certify that the information provided is accurate and complete to the best of my knowledge. I agree to abide by the rules and regulations of the Budo Ka Red Dragon Skc. I understand that karate involves physical activity, and I participate at my own risk.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in joining the Budo Ka Red Dragon Skc. We look forward to having you in our classes!

