



Apollo Karate Do-Kai

Membership Form

Section A: Personal Details

Title	Mr / Mrs / Miss / Ms / Other <i>(please specify)</i>	
First Name/s		
Surname		
Address		
Date of Birth (DD/MM/YYYY)		
Telephone (Daytime)		
Telephone (Evenings)		
Payment Enclosed	£5 Per session <input type="checkbox"/>	£30 per month <input type="checkbox"/>

FULL COMMITMENT IS REQUIRED OF ALL MEMBERS AND MEMBERS MUST ATTEND AT LEAST ONCE A WEEK. ABSENSE MUST BE NOTIFIED AT LEAST 24 HOURS BEFORE SESSION COMMENCES. CONTINUAL ABSENSE WILL RESULT IN REFUSAL OF GRADING.

Section B: Additional Information

Do you suffer from any serious medical conditions/Allergies? Y / N

Note: If you answered yes to the above, you must obtain your doctor's clearance beforehand. Please provide details below

Do you have any criminal convictions or charges pending? Y / N

Note: If you answered yes to the above, Please provide details below

Section C: Signature, Disclaimer, Terms and Conditions

All of the information given herein is true to the best of my knowledge. I hereby agree that this signed disclaimer will be accepted by Apollo Karate Do-Kai as valid, for my attendance at all courses as well as any and all competitions and grading's. I confirm:

- I am free of any physical, mental or emotional disability and physically fit in every way to be able to participate in events. It is my responsibility to ensure that I am in a fit condition to exercise. Whilst I understand that instructors will take every reasonable precaution, I acknowledge that Karate is a competitive and combative sport and like all sports has a risk of physical injury; I fully accept responsibility for all such risks as a condition of participation.
- I understand and accept that the organisers of the events cannot accept any responsibility for any of my possessions or goods e.g.: money, vehicles, jewellery, clothing, cameras etc. whatsoever and howsoever their loss or damage is caused.
- I understand that organisers of events reserve the right to refuse my registration or to terminate my registration without giving any reason.

I hereby agree to indemnify the organisers for all claims, loss and expenses of any sort arising by reason of my breach of the above conditions, unauthorised acts or otherwise. Any breach of these conditions or failure by me to obey the lawful directions of the instructors hereby entitles the organisers to terminate my participation forthwith without any refund of fees or any compensation of any sort and to disqualify me automatically from any diplomas or certificates during events. I agree to abide by all Rules and Regulations and instructions relating to membership of Apollo Karate-Do-Kai.

I have read and agree with the above. Membership will not be granted if you do not agree:

I hereby grant the organisers permission to be photographed at any event.

If you have any objection, please indicate here by in the box:

NO PHOTOGRAPHS:

Applicant / Parent / Guardian signature: _____

Relationship _____

If under 16 years of age, form must be signed by a parent or guardian.

(If applicable)