

Club Name:	AQUILA KARATE CLUB	
Name:		Date of Birth:
Address:		
		Postcode:
Male Female	Ethnicity (Please circle/highlight) Caucasian Pakistani Chinese Black Caribbean Black African Bangladeshi Black Other Other Non-White Other	Disabled: Yes/No Details overleaf
Telephone:	Mobile:	Home:
Email:		Passport size photo attached. Yes/No (1 st application only)
Declaration:	I agree to abide by the spirit of karate by being loyal and well mannered at all times and in particular when training or representing the UKKW at events. I realize that my behavior may result in my membership being terminated. I also realize that I require valid membership to participate.	I confirm that I do not know of any reason preventing me from physical activities of this nature. (Explain overleaf any known conditions). This will be treated in confidence.
(Responsible Adult if under 18 years):	Signed (Student) Licence Application Date:	Signed: Student Responsible Adult (Date of 1 st Visit)
Licence No's	UKKW EKF	Expiry Date: First Application <u>or</u> Renewal (Please circle)
<p>Please ensure that you accompany applications with a SAE of correct size & fees. Additional fees may be incurred for incorrect postage.</p>		

Return to Club Instructor

Cheques Payable:	'Aquila' £25 All Applicants	
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