

Doushikai Martial Arts Membership Form

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| Student Name: |  |
| Parent name if student under 18: |  |
| Address: |  |
| Postcode: |  |
| Phone number: |  |
| Date of birth: |  |
| Email: |  |
| Any previous martial arts experience? |  |
| If so style and grade achieved: |  |
| Do you suffer from any medical condition or have any injury that may affect your training? If so please specify: |  |
| Do you consent to your picture or your child’s picture to be used on the Club’s website of Facebook page? | Yes/No |
| How did you hear about our club? |  |

**Declaration**

1. I promise to uphold the true spirit of Karate-do and never to use the skills and techniques that I am taught against any persons, except for the defence of myself or others, in the instance of danger or unprovoked attack, or in support of law and order.
2. I understand that it is my responsibility to inform the instructor of any health problems, injuries, or if I am taking any medication or intoxicating substances that may affect me and my training before the start of any lesson/seminar.
3. I acknowledge that the practice of any martial art/self-defence training involves risk of injury.
4. I agree to abide by the rules of the Doushikai Martial and declare that the information given above is true and complete.

Signature of student (or parent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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