

\*FSK Licence No.   
 In this box

**FEDERATION OF SHOTOKAN KARATE**  
**MEMBERSHIP APPLICATION**

**\* PLEASE PRINT ALL DETAILS CLEARLY\***

		Tick Box
Mr/Mrs/Miss/Ms.	New Member	
Forename:	Renewal	
Surname:	Senior	
Address:	Junior (U.16)	
	D.O.B.:	
	Age (under 16):	
County:                      Postcode:	Grade:	
Tel.No. (inc. area code):	*Club:	
<b>*Mobile:</b>		
<b>*E-Mail:</b>		
Disability (if applicable):		
Medical Details:		

**PLEASE ENSURE YOU COMPLETE THIS FORM FULLY  
 AS INCOMPLETE FORMS CANNOT BE ACCEPTED**

If accepted I promise to abide by the constitution & rules of the F.S.K.

**Signed:**.....**Date:**.....

*When you sign here you agree for us to contact you via email and or text. Your contact information will not be shared with any other company or group.*

*(if under 16, signature of parent or legal guardian)*

Membership is only available through a club in affiliation with the Federation of Shotokan Karate (FSK) This completed form together with the appropriate fee (payable to "FSK") should be returned to your FSK Club Secretary for processing.

**Club Registration and Medical Questionnaire**

Accurate completion of this form is necessary to assist in the correct administration of your club and will enable the Club Instructor to be aware of any specific training requirements.

**All information will be treated in strict confidence**

**PRINT ALL DETAILS CLEARLY**

**First Name:** .....

**Surname:** .....

**Address:** .....

.....

..... **Postcode:** .....

**Age/DOB.** .....

**Occupation:** .....

**Phone.** ..... **Mobile:** .....

**Email:** .....

**Medical Details:**

*(please inform us of any medical conditions that could affect exercise)*

Membership Requirements:  
*(associated membership  
 & insurance)*

**Total enclosed £** .....

Do you know of any reason why you should not participate in an exercise programme?  
**Yes/No** (please circle as appropriate)

**Please note:** by signing this form you agree to allow First Aid and/or medical treatment to be administered in the event of an accident.

**Photographs & Video**

The FSK reserve the right to take photographs and video during karate training and competitions. These images may be used on any press publicity, the club notice board and Karate Club websites, as seen fit by the FSK.

**Signed:**.....**Date:**.....

*When you sign here you agree for us to contact you via email and or text. Your data will not be shared with any other company or group. (if under 16, signature of parent or legal guardian).*

*– This side of the form is to be retained by your club secretary –*