

SOBELL KARATE CLUB

Please write in CAPITALS

SOBELL KARATE CLUB MEMBERSHIP FORM 2007			
Forename		Surname	
Junior/Senior		Date of Birth	
Address			
Postcode		Parent/Guardian if under 18	
Home phone		Mobile	
E-mail			
Emergency contact name		Contact number	
UKTKF membership number		Expiry date	
Do you suffer from a medical condition?	Asthma, heart disease, blood disorders, any injuries, etc. If yes, please give full details.		

Sobell Karate Club Disclaimer

I,,
(PLEASE PRINT NAME), the undersigned accept the following as conditions for my joining Sobell Karate Club.

1. I am physically and mentally fit to participate fully in the Club's training sessions.
2. I acknowledge that Karate is a competitive and combative sport and like all sports has a risk of physical injury and I fully accept responsibility for all such risks as a condition of joining Sobell Karate Club.
3. Sobell Karate Club will not accept any responsibility for any possessions or goods left unattended such as bags, money, jewellery, clothing, etc while members are training.
4. Sobell Karate Club reserves the right to refuse or terminate any membership without giving any reason.

I, the undersigned, hereby agree to indemnify Sobell Karate Club for all claims, loss, damage and expenses/costs of any sort arising by reason of my breach of the above conditions, unauthorised acts and/or negligent conduct.

I agree to abide by all Rules and Regulations and Instructions relating to the running of Sobell Karate Club.

Signed Dated

Under 16's parental consent

I, (name of parent/guardian)
hereby give my consent for my child named above to join Sobell Karate Club and take part in regular training sessions.

Signed Dated