



SHOTOKAN  
KARATE

# TOTAL SHOTOKAN KARATE



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## STUDENT INFORMATION FORM

### STUDENT INFORMATION

<b>Surname:</b>	<b>First Name(s):</b>
<b>Date of Birth:</b>	<b>Male/Female:</b>
<b>Email:</b>	<b>Phone:</b>

### EMERGENCY CONTACT

(Parent or guardian if under 18 years)

<b>Name:</b>	<b>Relationship:</b>
<b>Email:</b>	<b>Phone:</b>

### PREVIOUS MARTIAL ARTS EXPERIENCE

Have you ever trained in a Martial Art before? <i>Please tick</i>	
<b>YES:</b>	<b>NO:</b>
If <b>YES</b> Please give details below:	
<b>Type of Martial Art:</b>	<b>Style/Group:</b>
<b>Grade Obtained*:</b>	<b>Date of Last Grading:</b>
<b>Further information</b>	

\*Please also provide martial arts license/certificates if requested



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## MEDICAL INFORMATION

Do you currently, or have you suffer(ed) from any of the following?

If **YES** please tick the appropriate box.

Migraine		Epilepsy	
Hay Fever		Diabetes	
Heart Condition		Haemophilia	
Nervous Disorders		Respiratory Problems (Asthma)	
HIV/AIDS or Hepatitis		Do you wear contact lenses?	
Joint or muscle injury? (please specify below)		Other (please specify below)	
More information:			

## CONTACT

I provide consent to be contacted by TOTAL SHOTOKAN KARATE by phone &/or email with information specifically relating to the Dojo & it's activities? <i>Please tick</i>	
<b>YES:</b>	<b>NO:</b>
I have been provided a copy of or a link to the TOTAL SHOTOKAN KARATE Privacy Policy? <i>Please tick</i>	
<b>YES:</b>	<b>NO:</b>

## PHOTO & VIDEO

I give TOTAL SHOTOKAN KARATE permission to take photographs and / or video of myself/ my child at any registered training session or event and grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. <i>Please tick</i>	
<b>YES:</b>	<b>NO:</b>

## DECLARATION

I the undersigned, confirm that all of the information provided above is accurate and was given freely. I understand that any false information provided could invalidate my membership and any associated insurance.

<b>Signed</b> (parent/guardian if under 18 years of age):	
<b>Print:</b>	<b>Date:</b>