



BU JITSU RYU KARATE-DO

49 WENTWORTH WAY, SANDERSTEAD, SURREY, CR2 9EY
TELEPHONE NO: 020 8651 5783

CLUB MEMBERSHIP LICENCE AND INSURANCE FORM

NAME:

ADDRESS:

DATE OF BIRTH: OCCUPATION:

TELEPHONE NO HOME: MOBILE: EMAIL:

Have you ever had any serious illness? If so state which

Have you ever suffered any serious injury? If so state which

Have you been found guilty by a court of law for any crime involving violence?

Have you ever had any previous experience of any of the Martial Arts? If so state which

Do you agree to abide by all club rules at present in force and any subsequent modification/additions that from time to time are deemed necessary?

Name Of Instructor.....Name Of Club.....

Club Start Date (New Members)...../...../.....Renewal()Previous Licence Number.....Expiry Date...../...../.....

PLEASE INDICATE WITH A TICK

What aspect of the Martial Arts appeals to you the most?

Self Defence () Traditional Art Form () Keep Fit () Competitions ()

How did you first hear about this club?

Newspaper () Friend () Poster () Other () If other please state which:

I the trainee indemnify the above club in respect of any injury caused to another member or against losses caused to the club by any act of mine or default.

I the trainee understand that the training and practice of the Martial Arts can be dangerous and agree to personally bear all losses caused by injury whilst engaged in it.

DECLARATION: I declare that I have not been convicted of any serious crimes e.g. ones involving physical violence, drugs, and sexual offences and I will notify the club immediately should there be any changes in my personal details.

Signed: Date:

Parent Signature if under 18 years old: Membership To Be Paid **£23.00**