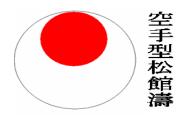
Stockport Karate Kids Membership and Licence Application Form



Personal Details			
Name			
	-		
Address and Postcode			
Email			
		Mobile	
Telephone No		No No	
		-	
Date Of Birth			
Medical Details (please			
provide details of any medical history that might			
be relevant to your			
instructor e.g. Asthma,			
epilepsy)			
Cartificate Name (this name			
Certificate Name (this name will be printed on any			
certificates that you receive)			
Places provide the name and details of a contact who should be contacted in case of an emerganav			
Please provide the name and details of a contact who should be contacted in case of an emergency: (If Possible please provide the details for two contacts)			
(,		
Emergency Contacts			
First Contact's Full Name			
Relationship to Member		Tel No:	
(e.g. Mother)			
Second Contact's Full Name			
Relationship to Member (e.g. Father)		Tel No:	
Signed		Date	
piglicu		Date	

If you are under the age of 18 then please provide a signature from a parent or guardian instead

All applications with Membership fee of £22 (payable per annum)



