



# LICENSE APPLICATION FORM VERSION 2018

Club Name: <b>SEI SHIN KAN SCHOOL OF KARATE</b>	
Name	
Address	
	Postcode
Telephone	Mobile
Email	
Date of Birth	Male <input type="radio"/> Female <input type="radio"/>
Disabled No <input type="radio"/> Yes <input type="radio"/> (please provide details)	

## DECLARATION

I agree to abide by the spirit of Wado Ryu Karate-Do. Demonstrating loyalty and courtesy at all times. In particular when training or representing Sei Shin Kan School of Karate at events. I understand that poor behavior may result in the termination of membership. I understand an up-to-date license is required to participate in karate training. Sign below.

I confirm that I do not know of any reason preventing me from physical activities of this nature. I confirm that I have no criminal prosecutions for violence or sexual offences. Sign below.

<b>Signed by Student</b> (Responsible adult if student is under 18 years)	Date
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## FOR ADMIN USE:

License No's	SSK	EKF	License Expiry Date:	First Application for License / Renewal of License
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Return to: **Sei Shin Kan School of Karate**  
**80 Wantage Road, Reading, Berkshire RG30 2SF**  
 Tel: 07500 835 040

Cheques payable to:  
**The Reading Acupuncture Clinic**  
 Adults £25 • Children (under 13 years) £20