

RYUKYU ASSOCIATION OF KARATE & GUNG-FU



STUDENT AND INSTRUCTOR MEMBERSHIP FORM

NAME & ADDRESS: _____

TELEPHONE NO: _____ DATE OF BIRTH: _____

DETAILS OF MARTIAL ART (STYLE AND GRADE): _____

DO YOU HAVE ANY DISABILITIES (PHYSICAL OR MENTAL): _____

DO YOU HAVE ANY OTHER MEDICAL CONDITION THAT COULD AFFECT YOUR TRAINING (EG: ASTHMA, HAYFEVER, MIGRAINE, EPILEPSY, SHORT SIGHTEDNESS, DEAFNESS, CONTAGIOUS DISEASES - I.E. AIDS ECT, IF YES PLEASE LIST BELOW.

HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE YES/NO. IF YES GIVE DETAILS:

I ACKNOWLEDGE THAT THE PRACTICE OF ANY MARTIAL ART COMBAT SPORT MAY INVOLVE THE RISK OF INJURY AND I KNOW OF NO REASON WHY MEMBERSHIP TO THE R.A.O.K.G.F. SHOULD BE WITHHELD FROM ME. I AGREE TO ABIDE BY THE CONSTITUTION AND RULES OF R.A.O.K.G.F. AND I UNDERSTAND THAT THE R.A.O.K.G.F. RESERVES THE RIGHT TO DECLINE, REVOKE, OR NOT RENEW ANY APPLICATION WITHOUT GIVING REASON. I ALSO ACKNOWLEDGE THAT MEMBERSHIPS ARE NOT TRANSFERABLE.

SIGNED: _____ DATE: _____

(SIGNATURE OF PARENT OR GAURDIAN IF UNDER 16 YEARS OLD)

JUNIOR ANNUAL MEMBERSHIP & INSURANCE **£20-00**

SENIOR ANNUAL MEMBERSHIP & INSURANCE **£22-00**

BLACK BELT ANNUAL MEMBERSHIP & INSURANCE **£33-00**

FULL PROFESSIONAL INDEMNITY INSURANCE FOR INSTRUCTORS **£81-00**

FEES: PLEASE MAKE CHEQUE OR POSTAL ORDER PAYABLE TO "R.A.O.K.G.F." AND POST TO "R.A.O.K.G.F. 133 TUNNEL ROAD, GALLEY COMMON, NUNEATON, WARWICKSHIRE, CV10 9NW, UNITED KINGDOM."

FOR OFFICIAL USE ONLY: APPLICATION APPROVED BY: _____ DATE: _____

MEMBERSHIP NO: _____