



Membership Application

(Please print in block capital letters)



Name _____

Gender Male Female

Home Address _____

Contact Numbers: Home _____
Mobile _____

Date of Birth ____ / ____ / ____

Can you engage in strenuous activity? _____

Contact Email Address: _____

FOR APPLICANTS AGED UNDER 18 YRS ALL CONTACT DETAILS MUST BE THOSE OF A RESPONSIBLE ADULT

Have you any illnesses, mental or physical limitations that would affect your ability to learn karate? Yes / No

(If yes, please provide details) _____

How were you introduced to this club? _____

Why do you wish to study karate? _____

Details of any prior Martial Arts or self-defence experience? _____

The foregoing are my answers and they are true and correct. **Signed:** X _____

Release Indemnity: I, (name) _____, understand and acknowledge that participating in the activities of SVJ Karate Club involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the activity. I waive all claims against any of the club's instructors or members for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in the activity.

Signed X _____ Date ____ / ____ / ____

Approval and acceptance by Parents or Guardian (must be completed if applicant is under 18)

The undersigned, the Parents or Legal Guardian, have read the foregoing, understand the same and do hereby accept and agree to the terms, conditions and provisions of the foregoing release indemnity on behalf of ourselves and the said minor, in intending to be legally bound hereby.

Guardian #1 (Print Name) _____

Guardian #2 (Print Name) _____

Signed _____

Signed _____

If address is different to that above please complete:

Address _____

Address _____

Mobile Phone _____

Mobile Phone _____

Date ____ / ____ / ____

Date ____ / ____ / ____

- If accepted or approved as a member of this club, I agree to abide by the existing laws, rules and regulations of this Club and as hereafter changed, modified or adopted
- The above-named applicant member has been vaccinated in line with HSE guidelines including BCG, 6 in 1, MMR, & PCV. **(For Guardians - please tick to confirm agreement where you are applying on behalf of a child)**

Please Include With Your Application:

- (1)** Term Fee – Adult €95 / Student €85 / Junior €65 (aged under 13)
- (2)** Three Passport Size Photographs

Privacy Statement: Any and all personal information gathered through this application form is for SVJ Karate Club application and enrolment purposes only, (including enrolment with our grade license issuer) and will be used for the normal operations of the Club in accordance with the current ROI Data Protection Regulations. We will never sell, give away or share your data with any third parties.