白馬和道流空手道
Hakuba Wadoryu Karate Club

New Student Application Form

Name: _____

Address: _____

_____

_____ Post Code: _____

Tel No. _____ _____

Email: _____

D.O.B: _____ / _____ / _____

Emergency Contact – Please enter details for contact in case of any medical emergencies. Please also use this section for parent / guardian of junior students.

Name: _____

Relationship: _____

Tel No. _____ _____

Email: _____

Medical Conditions – If you have any medical conditions, it is important that you check with your GP prior to training.

If appropriate, please detail any medical condition(s) below:

_____

_____

_____

_____

Photo Consent – If you are happy to be included in marketing and social media photos for the club, please tick this box ☐