

# **K-FIT SHINBOKU KAI**

**Associate Membership / Renewal**



FIRST APPLICATION

RENEWAL

**PERSONAL INFORMATION**

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FULL NAME:

DATE OF BIRTH:

GENDER:

Male

Female

STREET  
ADDRESS:

CITY:

POSTCODE:

MOBILE NO:

HOME NO:

EMAIL ADDRESS:

**NEXT OF KIN (important)**

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FULL NAME:

RELATIONSHIP

PHONE NO:

**HAVE YOU PRACTISED ANY MARTIAL ART BEFORE?**

YES

NO

IF YES, WHAT WAS IT  
**AND** WHAT GRADE  
DID YOU HOLD?

DO YOU HAVE A LICENCE OR  
ANY OTHER PROOF FOR THAT  
GRADE?

YES

NO

**DO YOU SUFFER  
FROM ANY OF  
THE  
FOLLOWING?**

Migraine

Epilepsy

Hay Fever

Nervous Disorder

Haemophilia

Respiratory Problems (e.g. asthma)

Diabetes

Other

**VENUE YOU  
INTEND TO USE?**

HSSC(Enfield)

Bandstand(Enfield)

Pavy Gym(KCL)

ULU

**DO YOU ACCEPT THAT MARTIAL ARTS BASED EXERCISES INVOLVE A RISK OF INJURY?**

YES

NO

**SIGNATURE:**

(signature of Parent/Guardian if under 18:

**DATE:**

**(WE RESERVE THE RIGHT TO DECLINE THIS APPLICATION WITHOUT STATING A REASON)**

**\*OFFICIAL USE ONLY\***

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KSK Licence No : \_\_\_\_\_ Entered on Register: Yes / No    No. on Register: \_\_\_\_\_ Paid by:

FEKO Insurance No: \_\_\_\_\_ Email Entered: Yes / No    Copy of rules sent: Yes / No    Badge: Yes / No