



GOLDEN VALLEY KARATE MEMBERSHIP APPLICATION

NAME:

D OF B:

ADDRESS:

DOJO:

INSTRUCTOR:

CURRENT GRADE:

DATE OF CURRENT LICENCE:

AWARDED BY:

FORMER LICENCE:

MEMBERSHIP:

SENIOR:

JUNIOR:

STYLE:

PHONE/CONTACT
NO:

WEIGHT:

MEDICAL HISTORY:

If you have any reason to be concerned about your health, or any condition that could affect your training you must let us know. All information will be kept in confidence.

I hereby apply for membership of Golden Valley Karate and promise to act in accordance with it's regulations and rules. All licences and certificates remain the property of the AMA and must be returned upon request.

Each Valid licence carries AMA recognition and insurance.

SIGNATURE:

PARENT / GUARDIAN IF JUNIOR

LICENCE NUMBERS

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GV. NUMBER

AMA. NUMBER

EXPIRY DATE