



Dedham Shotokan Karate Club

Members of the Toyakwai Karate Association and Karate England

Registration Form

First Name:..... Preferred Name:.....

Surname:

Address:

.....

.....

Post Code: Date of Birth:

Home Tel: Mobile Tel:

Please read carefully

I, the undersigned, agree to the Rules, terms and conditions set out by Dedham Shotokan Karate Club, and accept that the practice of Karate may result in personal injury, and accept total responsibility for any loss or damage.

I shall not hold responsible, The Club, it's committee or it's Instructors, or any fellow members for any loss or injury I may sustain.

A health check, with your Doctor, is strongly recommended, before participating in this, or any other physical activity.

I know of no health reason that should stop me participating in Karate.

Signature:..... Date:/...../.....
(parent / guardian if under 18 years of age)

Emergencies:

Contact Name: Relationship:

Contact Tel: Other Tel:

Sensei - Stephen J Finch

Shidoi - Kevin Baldwin

9 Kiln Cottages Crown Street, Dedham, Colchester, Essex. CO7 6AU
Telephone 01206 323221 Mobile 07887 766091 E-Mail ssoligold@aol.com



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Medical Form

PLEASE COMPLETE IN BLOCK CAPITALS.

Name:

Address:

.....

Post Code: Age:

Home Tel: Mobile / Work Tel:

Doctors
Name

Address:

.....

Post Code:

Please answer YES or NO to the following questions:

CURRENT ILLNESS	HEART DISEASE	ALLERGIES	MUSCLE PROBLEMS
JOINT PROBLEMS	EPILEPSY	PREGNANT	ARTHRITIS
BACK PROBLEMS	DIABETES	SURGERY	HEART MURMUR

ANY OTHER CONDITION THAT WOULD RESTRICT ACTIVITY

If you answered YES to any of the above questions, please give details:

.....
.....

MEDICATION (Please list).....

Signature: Date:/...../.....
(Parent / guardian if under 18 years of age)

If you feel any of the following during activity please STOP and consult your doctor as soon as possible

- Unexplained pain
- Discomfort in the neck / chest / jaw / arm areas.
- Sudden attacks of breathlessness.
- Unusual fatigue or shortness of breath with usual activities or at rest.
- Heart palpitations or resting heart rate over 100 beats per minute.
- Sharp and intense muscle pain when exercising.
- Ankle swelling. Dizziness / Fainting

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Weapon Training Consent Form

A Consent form must be completed by/for every student wanting to take part in weapon training

First Name:..... Preferred Name:.....

Surname:

Address:

.....

.....

Post Code: Date of Birth:

Home Tel: Mobile Tel:

Please read carefully

1. I hereby give formal consent to the above named student being a participant in weapon training at the discretion of the Sensei.
2. I understand that weapon training can be hazardous.
3. I accept that whilst taking part in weapon training with the club there is a possibility that injury may occur.
4. I shall not hold responsible, The Club, its committee or its Instructors, or any fellow member for any loss or injury they may sustain.
5. I know of no health reason that should stop the student taking part in weapon training.

Signature:..... Date:/...../.....
(parent / guardian if under 18 years of age)

Emergencies:

Contact Name: Relationship:

Contact Tel: Other Tel:

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Photographic Release Form

Sensei

Name:	Steve Finch
Address:	9 Kiln Cottages Crown Street, Dedham
Town	Colchester
County	Essex
Postcode	CO7 6AU
Tel No.	01206 323221
Mobile.	07887 766091
Email.	ssolidgold@aol.com

Student

Name:
Address:
Town
County
Postcode
Tel No.
Mobile.
Email.

1. I hereby give my formal consent to the above named student being photographed/videoed at the discretion of the Sensei.
2. I understand that photographs/videos may be used in the press or on the promotional work.
3. I am happy for any photographs to be used for other promotional purposes, including brochures posters and web-based materials without payment or further acknowledgement, now and in the future (unless or until permission is revoked by the person giving consent).
4. I accept that whilst taking part in activities with the club there will be the possibility that my child will be included in photographs and video's taken by other people, and that the club is not responsible for this material.

Signed: _____ Date _____
Parent / Guardian

Signed: _____ Date _____
Sensei

Sensei - Stephen J Finch

Shidoi - Kevin Baldwin

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