



Traditional Shotokan Karate Association

Student Licence Application Form

Type of licence required: Junior Senior New Renewal

Name:		Date of Birth:
Address:		Occupation:
Postcode:		
Telephone Number:		TSKA Licence expiry date:

Have you ever practiced a Martial Art? Yes: No:
 If yes, please give brief details including affiliation, grade obtained and examiner:

Have you ever been convicted of a crime of violence: Yes: No:
 If yes, give brief details:

Do you ever suffer from any of the following? If so please indicate where necessary:

Medical Condition	✓ if yes	Medical Condition	✓ if yes
Asthma/Respiratory Condition		Attention Deficit Hyperactivity Disorder (ADHD)	
Diabetes		Migraine	
Epilepsy		Condition related to the Nervous System	
Heart Condition		Autism/Aspergers Syndrome	
Haemophilia/Blood Condition		Sight Hearing Differences	
Back/Joint Condition		Special Needs	
Dyslexia		Allergies	
Dyspraxia/Coordination Differences		Other	

Photography/Video Consent Form

I _____ (print name of parent/guardian) consent to _____ (name of child) involvement in martial arts activities being photographed or videoed and for these images to be displayed/viewed: -

- Within the martial arts premises, eg Notice Boards
- In promotional material, eg newsletter, student information leaflet
- On websites

Signed _____ (parent/guardian)

I ACCEPT THAT THE PRACTISE OF ANY MARTIAL ART/COMBAT SPORT INVOLVES THE RISK OF SERIOUS INJURY

Signed (Student/Parent/Guardian): _____ Date: _____

Signed (Instructor/Secretary): _____ Date: _____

Please hand this form to the club secretary or instructor. Please ensure you enclose payment and one passport size photograph

- Please note: All licence fees are non-refundable •