Universal Shotokan Karate Union

Student Licence Application Form

*Type of licence Required:

- [ ] New
- [ ] Renewal

Full Name:

Date of Birth:

Address:

Post Code:

Telephone No:

Email:

USKU 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 convicted of a crime of violence?

- [ ] Yes
- [ ] No

If yes, please give brief details:

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

Medical Condition

- ☐ Asthma/Respiratory Condition
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart Condition
- ☐ Haemophilia blood condition
- ☐ Back Joint Condition
- ☐ Dyslexia
- ☐ Dyspraxia/Coordination Differences
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Migraine
- ☐ Condition related to the Nervous System
- ☐ Autism/Aspergers syndrome
- ☐ Sight / Hearing Differences
- ☐ Special Needs
- ☐ Allergies
- ☐ Other

Photography/Video Consent form

I _____ Consent to _____

(Print name of parent/guardian if under 18) *(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, Information Leaflet)
- ☐ On websites, (eg USKU Blog)

Signed _____

(Sign parent/guardian if under 18)

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

Signed _____ Date _____ Print _____

(Sign parent/guardian if under 18)

OFFICE USE ONLY

LICENCE NO: EXPIRE DATE: