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WTKO (Ireland) MEMBERSHIP/LICENSE APPLICATION

Please use **BLOCK CAPITALS** and fill in all details.

Full Name _____ D.O.B. ____/____/____

Address _____

Dojo Name _____ Grade _____

Contact Name: _____

Mobile No. _____

Email Address _____

Parents' Occupation _____ Nationality: _____

(Renewal applications only)

Previous License Expiry Date ____/____/____

Member No. _____

(found on page 3 of your WTKO Grading book.)

(New applications only) Have you ever practiced a martial art? Yes No

If yes, please give brief details including affiliation, grade obtained & examiner

Have you ever been convicted of a crime of violence? Yes No

If yes, please give brief details:

Do you suffer a medical condition that could affect or prevent you practicing Karate? Yes No

If yes, please give details, including any regular medication:

Students signature (Parent or guardian if under 18yrs) _____

‘I accept that training in karate could involve the risk of injury’

Date ____/____/____

Do you accept that you or your child's photo may be taken at competitions and seminars which may be used for the WTKO Ireland Facebook page or website? We will never use without consent. Yes No

Please enclose annual membership fee of €30