

Woodlane Ishinryu Karate Club Membership



Please complete the following details in Block Capitals.

SURNAME.....

CHRISTIAN NAME(S).....

HOME ADDRESS.....

.....

POSTCODE..... DATE OF BIRTH.....

CONTACT PHONE NUMBER.....

Please enter details of any health issues we should be aware of – this includes any disabilities, allergies or ongoing medical conditions.

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DECLARATION

I confirm that the above details are correct and agree to abide by the rules of the club.

Signed.....
(To be signed by parent or guardian if under 16)

www.woodlane-ishinryu-karate.co.uk