



ACADEMY OF SHOTOKAN KARATE IRELAND

Individual License Application

&

Membership Form

Year: _____

This form must be completed in BLOCK CAPITALS with the appropriate fee.
All cheques payable to the **Academy of Shotokan Karate** and sent to:

THE LICENSING OFFICER
ACADEMY OF SHOTOKAN KARATE
1 Cluain Dara
Newmarket-on-Fergus
CO. CLARE

PERSONAL DETAILS

TITLE: _____ SURNAME: _____ FIRST NAME: _____ DOB: _____

ADDRESS: _____ AGE: _____

TEL: _____ EMAIL: _____

INSTRUCTOR: _____ CLUB: _____ GRADE: _____

PREVIOUS MEM. No. with ASK: _____ EXPIRY DATE: _____
please do not enclose your Record Book with this application. Allow 14 days for return of license.

ANNUAL LICENSE SUBSCRIPTION (Please Tick one Box)	
NEW MEMBER (include new A.S.K. Record Book)	€20 <input type="checkbox"/>
RENEWAL (no A.S.K. Record Book)	€12 <input type="checkbox"/>
ANNUAL CLUB INSURANCE	
ASKI Member	€40

IMPORTANT: You must ensure your License is valid AT ALL TIMES. You will not be allowed to take part in any A.S.K. and A.S.K.I. training, grading or event without a valid License.

YOU MUST ANSWER THE FOLLOWING:	
Are you a...	STUDENT or INSTRUCTOR
Do you have a separate Instructor's Insurance?	YES / NO
<i>If Yes, please give the Policy Number and Company Name:</i> _____	
Have you any health issues likely to impair activity?	YES / NO
<i>If Yes, give full details overleaf</i>	
Have you been convicted or charged with a serious crime?	YES / NO
<i>If Yes, give full details overleaf</i>	

DECLARATION TO BE COMPLETED BY THE APPLICANT:	
<i>"I certify that to the best of my knowledge and belief that the above details are correct. In the event of my being accepted for membership, I accept the Articles of Association and by-laws of the A.S.K. together with any amendments that may be made during my membership"</i>	
Signed: _____	(Parent or Guardian if under 16yrs) Date: _____
<i>**Please Note: A.S.K will hold your membership details on a computer**</i>	

ACADEMY OF SHOTOKAN KARATE IRELAND

Membership Form for
Members of
ACADEMY OF SHOTOKAN KARATE
IRISH BRANCH



CONTACT DETAILS in CASE OF EMERGENCY:

NAME: _____

TELEPHONE (Home): _____ TELEPHONE (Mobile): _____

MEDICAL HISTORY INFORMATION (Details of any known allergies, conditions, medications)

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

OTHER INFORMATION

Any other special needs, requirements or directions that would be helpful for leaders to know about:

PARENTAL/GUARDIAN CONSENT

I am the parent/guardian of: _____

PHOTOGRAPHS

I understand that photographs will be taken during or at sport related events and may be used in the promotion of sport.

DRUG TESTING (for Elite players only)

I give permission for my child(ren) to be tested for prohibited substances in accordance with the Sports Council Anti-Doping Rules where applicable.

I hereby consent to the above child(ren) participating in activities of the organisation in line with the Code of Ethics for Young People. I will inform the leaders of my child(ren)'s activities of any changes to the above.

I confirm that all details are correct and I am able to give parental consent for my child(ren) to participate in and travel to all activities.

Signature: _____ **Date:** _____

NAME : _____
(in BLOCK CAPITALS)