



家守郡空手部

Stewartry Karate Club

Ka Shu Gun Kara Te Bu
(Founded 19 January 1977 by Jim Howard)
(Scottish Budokan Association)



Student Details & Parents/Carers Permission Form

Name:

Address:

Town: Postcode:

Date of Birth: Day Month Year

Age Last Birthday:

Tel: -

Mob:

E-mail:

Section/s:

Castle Douglas Kirkcudbright Dalbeattie New Abbey

Start Date:

Budokan Licence No:

Expiry Date:

Please complete the following. The information you give is kept strictly confidential.
(Please respond to each statement)

| Statement: | Yes | No | Comments |
|--|--------------------------|--------------------------|----------|
| Circulatory or Heart Problems | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you Asthma | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you Epilepsy or Fainting Attacks | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you any Skin Disorders | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you had a Recent Operation or Fractures | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you had an Injury to Bones, Joints or Tendons | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you Hearing Problems | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you Sight Problems | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do you currently take prescribed/non-prescribed medication | <input type="checkbox"/> | <input type="checkbox"/> | |

In the event that you need to be sent home, please give detail of contact person.

Name:

Relationship: Mum – Dad – Wife – Husband – Other:

Tel: -

Mob:

If under 16 years old.

I give permission for my child, to be treated for injury, to have their photograph taken while at Karate, during class, at grading's and at demonstrations/events, for newspapers or Facebook.

Signed

Parent/Carer: Date: