

STUDENTS INFORMATION



First:

Last:

Patent/Guardian Name:

Phone Number:

Address:

Eircode:

Age:

Weight:

Male:

Female:

Contact: Nigel Byrne 087 235 2063

1. Do you have any medical conditions (injuries, physical weaknesses) or other ailments and are you currently taking any medication? Yes / No *(Circle appropriate)*

If Yes please give details below:

NOTE: The above club reserves the right to decline your application without stated reason. I certify that the above statements are true and understand that any falsification of the above information will result in my immediate dismissal.

I accept the rules and decisions of the club at all times. ☐

I understand that whilst taking every reasonable precaution, the club cannot be held responsible for any injuries sustained during Karate training sessions and events. ☐

I also authorise any photographs of me, in any class or event that they may be displayed on our website and on other promotional material. ☐

Applicants Signature

Parent/Guardians Signature