



LICENCE APPLICATION FORM

SUSSEX SHOTOKAN KARATE DO (S.S.K.D.)

AFFILIATION: AMATEUR MARTIAL ASSOCIATION (A.M.A.)

S.S.K.D. IS A MEMBER OF THE AMA WHICH THROUGH THE ENGLISH AND BRITISH KARATE BOARD IS RECOGNISED BY THE NATIONAL SPORTS COUNCIL.

THE AIMS OF THE SSKD ARE TO FURTHER THE PRINCIPLES AND IDEAS OF SHOTOKAN KARATE.

EACH CURRENT LICENCE HOLDER IS ENTITLED TO AN INSURANCE COVER PROVIDED BY THE AMA, THE DETAILS OF WHICH CAN BE OBTAINED FROM YOUR LOCAL CLUB SECRETARY.

ALL MEMBERS PRACTISING IN ANY OF THE SSKD CLUBS MUST HOLD A CURRENT LICENCE.

Surname _____ Last Licence No: _____

Christian Names _____ Expiry Date of Last Licence _____

Address _____ Grade _____ Kyu/Dan

_____ Date of Kyu/Dan Grading _____

Post Code _____ Tel: _____ Date of Birth _____

Email:-

NEW MEMBERS: (APPLYING FOR THE FIRST LICENCE/GRADING BOOK) PLEASE TICK BELOW.

SENIOR MEMBERS.....

£20.00

JUNIOR MEMBERS.....

EXISTING MEMBERS: (REQUIRING A LICENCE RENEWAL) PLEASE TICK BELOW.

SENIOR MEMBERS.....

£20.00

JUNIOR MEMBERS.....

AN AFFIDAVIT TO BE COMPLETED BY ALL APPLICANTS

I MR/MRS/MISS _____ Promise to abide by the constitution and the rules of the S.S.K.D. (A copy of which can be obtained from your club secretary). I also certify to the best of my knowledge and belief, all the foregoing information is correct. I also declare that I fully understand the terms and conditions of the insurance cover offered by the AMA licence (further details from your club secretary). I also declare that I am aware that Karate is a strenuous Martial Art and I am medically fit to participate.

SIGNED: _____ DATE _____

NAME OF CLUB & INSTRUCTOR: _____

(SIGNATURE OF PARENT/GUARDIAN REQUIRED IF THE APPLICANT IS UNDER 18 YEARS OLD).

PLEASE RETURN THIS FORM TO THE SSKD SECRETARY, SUE HOLLIDGE. ALL CHEQUES MADE PAYABLE TO: - "**SUSSEX SHOTOKAN KARATE DO**" (S.S.K.D.).