

RYUKYU-ASSOCIATION OF KARATE & GUNG-FU

STUDENT AND INSTRUCTOR MEMBERSHIP FORM

NAME&ADDRESS-----

DATE OF BIRTH-----TELEPHONE NO-----

DETAILS OF MARTIAL ART

GIVE STYLE AND GRADE-----

DO YOU HAVE ANY DISABILITIES (PHYSICAL OR MENTAL)
DO YOU HAVE ANY OTHER MEDICAL CONDITION THAT COULD
AFFECT YOUR TRAINING(ASTHMA,HAYFEVER,MIGRAINE,
EPILEPSY,SHORT SIGHTEDNESS,DEAFNESS,CONTAGIOUS
DISEASES,I.E.AIDS ECT, IF YES PLEASE LIST BELOW.

HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE
YES/NO IF YES GIVE DETAILS-----

I ACKNOWLEDGE THAT THE PRACTICE OF ANY MARTIAL ART
COMBAT SPORT MAY INVOLVE THE RISK OF INJURY AND I
KNOW OF NO REASON WHY MEMBERSHIP TO THE R.A.O.K.G.F.
SHOULD BE WITHHELD FROM ME .I AGREE TO ABIDE BY THE
CONSTITUTION AND RULES OF R.A.O.K.G.F.AND I UNDERSTAND
THAT THE R.A.O.K.G.F. RESERVE THE RIGHT TO DECLINE ,
REVOKE,OR NOT RENEW ANY APPLICATION WITHOUT GIVING
REASON.I ALSO ACKNOWLEDGE THAT MEMBERSHIPS ARE NOT
TRANSFERABLE.

SIGNED-----DATE-----

(SIGNATURE OF PARENT OR GAURDIAN IF UNDER 16 YEARS OLD

JUNIOR ANNUAL MEMBERSHIP & INSURANCE £18-00

SENIOR ANNUAL MEMBERSHIP & INSURANCE £20-00

BLACK BELT ANNUAL MEMBERSHIP & INSURANCE £30-00

FULL PROFESSIONAL INDEMNITY INSURANCE FOR
INSTRUCTORS £56-00.

FEES-----CHEQ/P.O PAYABLE TO R.A.O.K.G.F.

APPLICATION APPROVED BY----- DATE-----

FOR OFFICIAL USE ONLY MEMBERSHIP NO-----