



IRISH WADO-KAI
KARATE-DO
FEDERATION



LICENCE APPLICATION
PLEASE USE BLOCK CAPITALS

NAME _____ AGE _____

ADDRESS _____

D.O.B. _____ PHONE _____

CLUB _____

DATE OF MEMBERSHIP _____

LICENCE FEES (INCLUDING INSURANCE) : ADULTS £15.00
YOUTH £11.00 (U-16)

PLEASE ENCLOSE TWO PASSPORT PHOTOS AND RETURN THIS FORM TO
YOUR INSTRUCTOR.

LICENCE IS VALID FOR ONE YEAR FROM DATE OF ISSUE.

*Please note that Karate is a contact sport / martial art and although great care is
taken to prevent injuries, they do still occur. Any medical condition should be
mentioned to the instructor prior to training.*

APPLICANTS SIGNATURE _____ DATE _____

If UNDER 18 PARENT'S SIGNATURE _____

OFFICE USE ONLY

LICENCE NO : _____ DATE ISSUED : _____

RENEWAL DATE : _____

AUTHORISED SIGNATURE : _____