

BRITISH KARATE KYOKUSHINKAI

1965-2010

JUNIOR SUMMER CAMP (Over 8 and under 16 years) APPLICATION FORM 2010

A GENERAL INFORMATION

NAME	<input type="text"/>	AGE	<input type="text"/>	GRADE	<input type="text"/>	
ADDRESS	<input type="text"/>				POSTCODE	<input type="text"/>
E MAIL	<input type="text"/>	TEL	<input type="text"/>			
MOBILE	<input type="text"/>	DOJO	<input type="text"/>			
BKK License Number and Expiry Date	<input type="text"/>	Male/Female	<input type="text"/>			

B MEDICAL/PHYSICAL INFORMATION

Are you currently taking an medication? - YES/NO - if YES please give details and frequency of dose.

Is there any medical condition we should be aware of? - YES/NO - if YES please give details

Have you been injured during the past six months? - YES/NO - if YES please give details

Do you have any physical disability that we should be aware of ? - YES/NO - if YES please give details

C DIETARY INFORMATION

Do you have any special dietary requirement (e.g. Vegetarian/ vegan) YES/NO - if YES please give details

D EMERGENCY CONTACTS

During camp the name and contact number of persons who we should call in the case of an emergency:

Person 1 - Name	<input type="text"/>	Tel/Mobile	<input type="text"/>
Person 2 - Name	<input type="text"/>	Tel/Mobile	<input type="text"/>
Person 3 - Name	<input type="text"/>	Tel/Mobile	<input type="text"/>

E PARENTAL CONSENT

This is to confirm that I give permission for my child (named above) to attend 2010 Summer Camp. I confirm also my consent to permitting to any medical attention can be given to my child should this be necessary.

Signed	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Relationship to child	<input type="text"/>

Please complete and return this form together with a £50.00 non returnable deposit and SAE to:
BKK Summer Camp Officer, Shihan Maria Da Costa (5th Dan), 8 Maple St., Romford, Essex, RM7 7JX (credit card facility available)
Cheques payable to BKK