



LICENCE APPLICATION

Please check the applicable box and complete the relevant section:

New (section 1) Renewal (section 2) Update details (section 1)

SECTION 1

Personal Details

Club: _____ Instructor: _____
Forename(s): _____ Surname: _____
Date of birth: _____ Grade: _____ dan / kyu
Address: _____ Telephone: _____
Mobile: _____
Postcode: _____ Email: _____
Occupation: _____

Medical Details

Do you suffer from any medical condition(s): YES NO

If 'yes' please provide further details including any medication:

Next of Kin

Forename(s): _____ Surname: _____
Address: _____ Relation: _____
Telephone: _____
Postcode: _____ Mobile: _____

SECTION 2

Forename(s): _____ Surname: _____
Club: _____ Licence No: _____

I declare that the information provided is correct and that I will comply with the constitution of the Grampian + Northern Karate Association (GNKA).

Please enclose the annual licensing fee of £30.00.

Print Name _____ Signature _____ Date _____

Parent / Guardian to sign if under 16

info@gnka-karate.com
www.gnka-karate.com

