

# KINKAN DOJO

## APPLICATION FORM

This form must be completed before the prospective student can practise any form of training at the Kinkan Dojo

### 1. Personal Details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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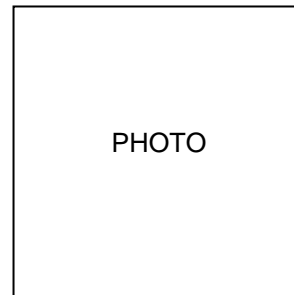
### 2. Criminal history

Have you ever been convicted of a crime of violence?

Yes  No

If Yes, please give full details:

\_\_\_\_\_  
\_\_\_\_\_



GENBUKAN KINKAN DOJO

### 3. Medical History

Do you suffer or have you ever suffered from any of the following (tick if Yes):

Heart disorders  Epilepsy  Diabetes  Low/High Blood Pressure  
 Nervous disorders  Migraine  Haemophilia  Respiratory Problems

Other: \_\_\_\_\_

### 4. Motive for Training

To enable us to help you get the most out of your training, please tell us why you want to learn Martial Arts and what you hope to achieve by training at the Kinkan Dojo

\_\_\_\_\_  
\_\_\_\_\_

Do you accept that the practise of Jujutsu / Ninpo Taijutsu involves the risk of injury?  Yes  No

### DECLARATION – PLEASE READ THIS CAREFULLY BEFORE SIGNING

I the undersigned have read and understood the Terms & Conditions detailed in the Kinkan Dojo web site, and my signature below indicates my acceptance of these Terms & Conditions and my desire to participate in this training programme.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Guardian/carer must sign if applicant is under 18 years of age)

Send the completed form to: Genbukan Kinkan Dojo | 46 Brunswick Avenue | CRANHAM | Essex | RM14 1NH