

# KINKAN DOJO

## APPLICATION FORM FOR CHILDREN

Please complete in BLOCK CAPITALS

### 1. Personal Details

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

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

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

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

Emergency Contact (1): \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Emergency Contact (1): \_\_\_\_\_ Telephone: \_\_\_\_\_

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

金  
環  
道  
場

### 2. Behavior

Has the **STUDENT** ever exhibited aggressive behaviour towards other children or adults?

Yes

No

PHOTO

### 3. Medical History

Does the **STUDENT** suffer, or ever suffered from any form of health problem (e.g. asthma, diabetes, epilepsy, heart conditions, migraine, etc)?  
If yes, what are the signs/reactions and solutions?

GENBUKAN KINKAN DOJO

### 4. Motive for Training

To enable us to help the **STUDENT** get the most out of our training programme, please tell us what you want the **STUDENT** to achieve by training at the Kinkan Dojo

Do you, the **PARENT** 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 overleaf, and my signature below indicates acceptance of and compliance to these Terms & Conditions.

My signature below also confirms that I am the **PARENT** responsible for the **STUDENT** named above, and my desire for the **STUDENT** to participate in this training programme.

Print Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

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