



HUNG SAO DO FREESTYLE KARATE

MEMBERSHIP FORM

NEW ☐
RENEWAL ☐
tick as appropriate

PLEASE COMPLETE USING **BLOCK CAPITALS** THROUGHOUT

RETURN FULLY COMPLETED FORM ALONG WITH MEMBERSHIP BOOKLET AND PAYMENT TO YOUR INSTRUCTOR

SURNAME:	<input type="text"/>	FIRST NAME(S):	<input type="text"/>
DATE OF BIRTH:	<input type="text" value="DD / MM / YYYY"/>	SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME ADDRESS:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TELEPHONE	
POST CODE:	<input type="text"/>	HOME:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>	WORK:	<input type="text"/>
		MOBILE:	<input type="text"/>

GRADES / ACHIEVEMENTS: (EXISTING MEMBERS ONLY - PLEASE ENTER THE DATE FOR EACH)

YELLOW	GREEN TAG	GREEN	BLUE TAG	BLUE	RED TAG	RED	BLACK TAG	BLACK
<input type="text" value="DD / MM / YY"/>	<input type="text" value="DD / MM / YY"/>	<input type="text" value="DD / MM / YY"/>	<input type="text" value="DD / MM / YY"/>	<input type="text" value="DD / MM / YY"/>	<input type="text" value="DD / MM / YY"/>	<input type="text" value="DD / MM / YY"/>	<input type="text" value="DD / MM / YY"/>	<input type="text" value="DD / MM / YY"/>
2ND DAN	3RD DAN	4TH DAN					INSTRUCTOR	TECHNICIAN
<input type="text" value="DD / MM / YY"/>	<input type="text" value="DD / MM / YY"/>	<input type="text" value="DD / MM / YY"/>					<input type="text" value="DD / MM / YY"/>	<input type="text" value="DD / MM / YY"/>

CLUB NAME:	<input type="text"/>	INSTRUCTOR:	<input type="text"/>
MEMBER NO:	<input type="text" value="A"/>	INSURANCE NO:	<input type="text"/>
EXPIRY DATE:	<input type="text" value="DD / MM / YYYY"/>		
EXISTING MEDICAL CONDITIONS:	<input type="text"/>		

DECLARATION

I hereby declare:

That to the best of my knowledge, information and belief, I am of sound body and mind. I have listed any serious illnesses or medical disorders that I do or previously have suffered from.

That I will indemnify Mr. G. Bivona, Hung Sao Do International, it's instructors and fellow members and the proprietors of the club premises, against all claims or liability whatsoever, in respect of personal injuries or losses caused either to myself or my fellow members arising out of, or in connection with the use and practice of Hung Sao Do.

That I agree to be bound by the rules and regulations of the club and the Hung Sao Do association and any such amendments, and at all times conduct myself in a correct and responsible manner.

I hereby acknowledge that the particulars in the application and declaration are true and valid.

Signature: _____ **Date:** _____

If under 18 years of age, as Parent / Guardian * of the applicant, I give my permission for him/her to attend the club. I hereby acknowledge that the particulars in the application and declaration are true and valid.

Signature: _____ **Date:** _____

Parent / Guardian *

* delete as appropriate

Mr. G. Bivona
Founder of Hung Sao Do
Chief Instructor and Examiner

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