



**INTERNATIONAL SHINKEN-DO ORGANISATION**  
**STUDENT MEMBERSHIP**  
 www.shinkendoselfdefence.org

真  
拳  
道



Mobile 07514614843

Email:shinkendosensei@gmail.com

Student Name: Capitals \_\_\_\_\_

Address: Capitals \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: ( ) Male \_\_\_\_\_ Female \_\_\_\_\_

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

Contact: Mobile \_\_\_\_\_ Home: \_\_\_\_\_

Name of Your Sensei: \_\_\_\_\_

Do you have pain in your heart and chest after undergoing minimal exertion? **YES / NO**  
 Do you often get headache feel faint or dizzy? **YES / NO**

Do you suffer from limited movement in any joints or bones, which have ever been, aggravate by exercise or might be worse by it? **YES / NO**

Are you taking drugs medication or recuperating from a recent illness or operation at the moment? **YES / NO**

Do you suffer from epilepsy /panic attacks? **YES / NO**

Do you have any breathing difficulties or asthma? **YES / NO**

Do you have high or low blood pressure? **YES / NO**

Are you diabetic? **YES / NO**

Do you have any other conditions that might affect your ability to practice ShinKenDo alleged activities? **YES / NO**

If you have answered **YES** to any of the above questions consult your doctor and a medical written letter of approval is required before starting your training.

If you have answered **NO** to all the above question you should feel assured that you are ready to begin.

When last did you have a medical?

\_\_\_\_\_

Have you practiced Martial Arts Before? **YES / NO**  
 If **YES** please give details including duration and grade obtain

\_\_\_\_\_

Have you been convicted of a crime? **YES / NO**  
 If **YES** may we ask to provide and or enquire or taking a Police Check? **YES / NO**

Are you the person named on this form? **YES / NO**

**Annual Membership Insurance (Seniors) (16 & over) £25**

**Annual Membership Insurance (Juniors) (13 to 15 years) £20**

**Declaration**

I \_\_\_\_\_ have read answered and fully understood all the questions and wish to apply for membership of the Internatioal ShinKen-Do Organisation. I hereby agree to abide by the constitution and the by-laws of the International ShinKen-Do Organisation. I am fully aware that the practice of ShinKen-Do alleged activities is entirely at my own risk. I shall not hold the club other club members, its principle officers or instructors for any injury that I may sustain.

I understand that membership is non transferable and all monies paid are non refundable.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent of Guardian if under 16 years old \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_