The WIKF Licence is a very important document, which has several functions and provides certain benefits to the holder.

These are listed as follows:

1. A licence will only be issued to members of **affiliated**  NI-WIKF clubs.
2. It provides personal insurance cover against injury whilst practising Karate.
3. It is mandatory for grading.
4. It is an official grading record.
5. It is required for participation in all competitions.
	* Remember that YOU are responsible for keeping your licence up to date. You cannot grade, compete or claim Accident Insurance if your licence is out of date.

|  |
| --- |
| For Official Use Only |
| Fee Received |  |
| No. of Licence |  |
| Date |  |
| Receiving Officer |  |

FEES:

1. Fees are payable annually.

2. Seniors – 16 years of age and over

 First Application £ 50.00

 Renewal £ 35.00

3. Juniors –up to 16th birthday

First Application £ 40.00

 Renewal £ 25.00

4. Family rate –3 children or more (U16’s)

First Application £ 60.00

 Renewal £ 50.00

Make cheques and postal orders payable to NI-WIKF.

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

**TO BE COMPLETED IN BLOCK CAPITALS**

Surname…………………………………Mr/Mrs/Miss Previous WIKF Licence No. (if any)…………………………

Forenames……………………………………………. Expiry Date…………………………………………………….

Address……………………………………………….. Grade…………………………Date Passed…………………

…………………………………………………………. Name of Examiner…………………………………………….

Town…………………………………………………… Dan Grade Certificate No…………………………………….

Post Code……………………………………………..

Telephone No………………………………………… Grade from any other association…………………………...

Date of Birth…………………………………………..

Name of WIKF Club…………………………………. Style…………………………………………………………….

Town…………………………………………………..

Name of club Instructor(s)……………………………………………………………………………………………………….

Please issue me with an annual NI-WIKF Licence

The fee of £…………….. is enclosed

I enclose:- a completed application form

 the appropriate fee

 current or expired licence (if applicable)

 self addressed and stamp addressed envelope (if not included the licence may not be returned)

**Declaration**

I certify that to the best of my knowledge and belief the foregoing details are correct an in the event of being accepted I undertake to abide by the constitution and byelaws of the NI-WIKF.

Signature……………………………………………… Date……………………………………………………………..

Signature of parent or guardian if applicant is below 18 years of age

Signature……………………………………… Date………………………………………………………

Send applications to:-  **Mr. Campbell Corbett, 50 Ardvanagh Drive, Conlig, Newtownards Co. Down BT23 7XQ**

Make sure and allow at least 28 days for administration and receipt of new licence. The NI-WIKF reserves the right to decline applications without giving a reason.

Training History

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Association Licence No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Mac Licence : Yes / No Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Association: Wado International Karate Federation N.I.

Style: Wado Ryu \_\_ Applicants Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Statement**

(i) Do you suffer from any of the following disorders (tick) Migraine □

Epilepsy □ Hay Fever □ Nervous Disorder □ Heart Disorders □

Abnormal Blood Pressure □

1. Do you suffer from any other known medical condition which may make it unsafe to

 practice Karate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iii) Do you have any disability or impairment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

I apply to be registered with the NIKB. I agree to be bound by its constitution, rules and regulations as may be in force from time to time.

I declare the information given is true to the best of my knowledge.

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

(to be signed by applicants parent / guardian if applicant is under 18 years old).

I confirm that the above named is a Bona Fide karate practitioner, and I second his / her proposal for registration with the NIKB.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(coach) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_