

without giving a reason.

Wado International Karate Do Federation Northern Ireland (NI-WIKF)



NIKF

Licence Application / Renewal Form

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 You cannot grade, compete or claim Accident Insurance if your licence is out of date.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
FEES:	Face and neverble annually.	Fee Received
1. 2.	Fees are payable annually. Seniors – 16 years of age and over	No. of Licence
۷.	First Application £ 50.00 [
	Renewal £ 35.00 [Date
3.	Juniors –up to 16 th birthday	Receiving Officer
	First Application £ 40.00 [
4	Renewal £ 25.00 [
4.	Family rate –3 children or more (U16's) First Application £ 60.00 [
	Renewal £ 50.00 [
Mak	e cheques and postal orders payable to NI-WIKF.	_
	TO BE COMPLETED	IN BLOCK CAPITALS
Surnan		Previous WIKF Licence No. (if any)
		Expiry Date
	S	GradeDate Passed
		Name of Examiner
		Dan Grade Certificate No.
	ode	
		Grade from any other association
	f Birth	•
Name (of WIKF Club	Style
		<u> </u>
Please i	issue me with an annual NI-WIKF Licence	
The fee	of £ is enclosed	
I enclos	e:- a completed application form	
	the appropriate fee	
	current or expired licence (if applicable)	
.		pe (if not included the licence may not be returned)
Declara		ng details are correct an in the event of being accepted I
underta	ke to abide by the constitution and byelaws of the NI-WI	IKF.
Signatu	reDate	
Signatu	re of parent or guardian if applicant is below 18 years of	f age
		gh Drive, Conlig, Newtownards Co. Down BT23 7XQ new licence. The NI-WIKF reserves the right to decline applications

Please complete in capitals Using black ink

proposal for registration with the NIKB.

Chairman: Reply To: Application for registration **Training History** Name: 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** Do you suffer from any of the following disorders (tick) (i) Migraine □ Epilepsy □ Hay Fever □ Nervous Disorder □ Heart Disorders Abnormal Blood Pressure Do you suffer from any other known medical condition which may make it unsafe to (ii) practice Karate Do you have any disability or impairment_____ (iii) **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. 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

Signed: _____(coach) Date: ____