



Southern Shotokan Karate Association

LICENCE APPLICATION FORM



SURNAME _____	ADDRESS _____
FORENAMES _____	_____
DATE OF BIRTH _____	_____
TELEPHONE No. _____	POSTCODE _____
MOBILE No. _____	CLUB HAILSHAM
EMAIL ADDRESS _____	EXAMINER SENSEI COLE
PRESENT GRADE _____	DATE OF EXPIRY OF LAST LICENCE _____
DATE LAST GRADED _____	NUMBER OF LAST LICENCE WITH THIS ORGANISATION _____
IS THIS YOUR FIRST LICENCE APPLICATION: YES / NO _____	
OTHER KARATE QUALIFICATIONS HELD (eg. Judge/Referee etc.) _____	

IN CASES OF RENEWALS, ALL APPLICATIONS MUST BE ACCOMPANIED BY THE BLUE GRADING BOOK.

LICENCE FEE: £30.00 - Renewable annually from the date of first application **made payable to the S.S.K.A FOR CHEQUE PAYMENTS ONLY - ANY RETURNED CHEQUES WILL INCUR A £10.00 BANKERS CHARGE.**

PLEASE WRITE YOUR NAME, ADDRESS, TELEPHONE NUMBER, CLUB & BANK CARD DETAILS ON THE REVERSE OF THE CHEQUE OR IT WILL NOT BE PROCESSED.

Replacement blue grading books may be obtained at a cost of £25.00 : **made payable to the S.S.K.A.**

Your licence book must be with you at all SSKA events.

This licence application must be submitted within 2 weeks of joining your Dojo. Please note that applicants may still grade as long as this form has been submitted.

Anyone who does not renew their licence before the renewal date could lose their grade. To renew an expired licence you must pay all back-dated fees, or re-join the association.

Please give details overleaf if you suffer from any injury, illness or other medical condition which may interfere with your Karate training or any other physical exercise. Also give details of anything which may affect this application, or membership of any Karate Club/Organisation, or Karate training in general.

You must always train twice a week at your own club to maintain your standard and avoid injury.

ONLY SIGN THIS APPLICATION IF YOU ACCEPT THE RISK THAT PRACTICE OF ANY MARTIAL ART OR COMBAT SPORT MAY RESULT IN PHYSICAL INJURY.

IF UNDER 18 YEARS OF AGE THIS FORM MUST BE SIGNED BY YOUR PARENT OR GUARDIAN.

SIGNED _____ DATE _____
(APPLICANT / PARENT / GUARDIAN) *Please delete as appropriate. Terms and conditions apply.*

**PLEASE RETURN THIS FORM TO ONE OF THE GRADING CENTRES,
OR TO YOUR CLUB INSTRUCTOR TO BE CHECKED AND PROCESSED.**

Please make all cheques payable to: **Southern Shotokan Karate Association.**
ALL PAYMENTS MADE TO THE S.S.K.A. ARE NON REFUNDABLE

**For all enquiries phone or text the SSKA Main Office on 07557 532676.
or Email: sska595@gmail.com**

We value your privacy. Your personal information will be kept confidential and will never be sold to third parties.
It will only be used for communications related to Southern Shotokan Karate Association.