



WORCESTER  
WADO-RYU

## Student Record

Name:	D.O.B. (Karate students only)			
Address:				
Tel. no.:		Postcode:		
E-mail:	@	School name (if applicable):		

GP's name and practice:
Any medical conditions or allergies we should be aware of:
Emergency contact tel. number:

Whilst the Club Instructors endeavour to maintain a safe environment, and keep the risk of injury to a minimum, we need to make you aware that, like all physical activity, martial arts carry a risk of injury.

The club instructors seek permission to administer emergency first aid in the event of injury.

Do you give permission to the club instructors to administer first aid? Please delete as necessary\*

\*YES

\*NO

Print name	Sign
<i>Parent or guardian if student is under 18</i>	Date