



SHOTOKAN TRADITIONAL KARATE ORGANISATION

SHOTO

**NORTH LONDON KARATE CLUB  
ENROLMENT FORM**

PLEASE USE **CAPITAL LETTERS**

Surname : ..... First Name : .....

Address : .....

..... Post Code : .....

Tel No : ..... Moblie : .....

Emergency Contact : .....

Email : .....

Date of Birth : .....

DO YOU SUFFER FROM ANY OF THE FOLLOWING:

Migraine  
Epilepsy  
Hay Fever  
Hearing Problems

Brittle Bone Disease  
Nervous Disorders  
Heart Disorders

Asthma  
Diabetes  
Sight Problems

Any other information you think we should be aware of: .....

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HOW DID YOU FIND OUT ABOUT THIS CLUB? .....

.....

Signature : ..... Date : .....

Parent/Guardian: .....  
Signature