



FIRHOUSE KENPO ACADEMY

Attach
Photo
Here
2 Photo's
To be
supplied

INDIVIDUAL MEMBERSHIP APPLICATION

Personal Information:

Surname

First Name

Middle Initial

Married

Unmarried

Address

Town

City

Date of Birth

Month:

Day:

Year;

Place of Birth

Sex	Hair	Eyes	Height	Weight	Age	Belt rank (colour or Belt)	(Home Phone)	(Work Phone)

Employment

Occupation

Name of Current Employer

Address

Town

City

Martial Arts Information

Current School Name:

Name & Rank of Current Instructor:

IKKA Affiliate

School Information

Yes
 No

Past Training Information

Please use the boxes below to us a brief history of your first training up until present date:

Date of Training	School or System	Location	Instructors Name	Rank	Length of Training	Your Rank There	Verified By

Organization Involvement

Are you presently a member of a martial arts organization? Yes
No

Name of Organization

Name of President

Were you formally a member of a martial arts organization? Yes
No

Name of Organization

Name of President

Reason for Inactivity?

IKKA Requirements:

Must be learning Ed Parker's Kenpo Karate System from an active IKKA school.
Individual members must not be a member of any other Kenpo Karate Association.
Although your current belt rank will be honoured and recognized by the IKKA, you will be required to learn the Ed Parker system from white belt level to your present belt rank and so forth.

I certify that the statements made herewith are true and that I understand that falsification of any item of this form will result in my immediate dismissal.

Applicants signature

Date



STUDENT RECORD CARD
FIRHOUSE KENPO ACADEMY

STUDENT NAME:-----

D.O.B-----

PARENT/GUARDIAN NAME-----

CONTACT NUMBERS: ,-----

MEDICAL CONDITIONS:-----

PERMISSION FOR ADMINISTRATION OF FIRST AID TREATMENT

Parental/ guardian signature-----

PERMISSION FOR PHOTOGRAPHS TO BE TAKEN:

(Photographs taken for club use only , for display in club, advertisement of club and club website)

Parental/guardian signature-----