



FYLDE BUDOKAI



Membership No.:

FEJ:

Roshukai:

Name:

Address:

Tel Home:

Mobile:

Email:

Emergency
Contact:

Tel:

Declaration: I acknowledge that the practice of Jodo, Kenjutsu & Iaido may require some physical effort and declare that I suffer no condition which could endanger myself or others whilst engaged in physical activity (Please refer to your Doctor if in doubt)

Please declare any conditions that could affect your health or well being during training

Jodo, Kenjutsu & Iaido practice involves the use of weapons. I agree to abide by any safety instructions whilst in the dojo.

Signed:

Date:

(Guardian if under 18)