

I.B.A. – INTERNATIONAL BUDO ASSOCIATION

APPLICATION FOR LICENCE AND INSURANCE (NEW OR RENEWAL)

FOR INSURANCE PURPOSES THIS FORM MUST
NOT BE ALTERED IN ANY WAY

GRADINGS MUST NOT BE CARRIED OUT ON
STUDENTS WITH OUT-OF-DATE LICENCE

JOSH JOHNSON (Shihan) - 8th Dan Sensei
IBA President & Licensing Officer
The International Budo Association,
5 Valentine Mews, Lofthouse, Wakefield,
West Yorkshire, WF3 3NB

Office: 01924 386499
Mobile: 07930 225525

TO BE COMPLETED IN FULL USING BLOCK CAPITAL LETTERS ONLY

Surname _____ First Names _____

Address _____

Post Code _____ Date of Birth _____ (DD/MM/YY)

Previous Membership N^o _____ Expiry Date _____ (DD/MM/YY)

Club _____ Area _____

Style _____ Name of Your Instructor _____

Grade: (tick) Mon } Level: (1st to 10th) Male/Female _____
 Kyu }
 Dan }
 Ungraded }
(enter)

Ethnic Origin: Caucasian- Black Caribbean- Black African- Black other- Indian-
Pakistani- Bangladeshi- Chinese- Other Non-white- Other- (state)
_____ (Information required by KARATE ENGLAND for funding purposes)

Have you ever been convicted on a charge of violence? No Yes

Have you any medical condition which may affect your training? No Yes

Have you any type of disability? No Yes

Details for any "YES" above: _____

Please circle any of the following conditions you may suffer from:

Haemophilia / Hepatitis / HIV / AIDS / Blood Disorders / Epilepsy / Diabetes / Heart Disorders /
Nervous System Disorders / Psychological Disorders / Respiratory Disorders (e.g. asthma, hay
fever, etc) / Any other (state) _____

SUBSCRIPTION RATES: please tick the appropriate box

SENIOR NEW - £12.00 (€20,00) JUNIOR NEW - £10.00 (€16,00)

SENIOR RENEWAL - £ 8.00 (€13,00) JUNIOR RENEWAL - £ 8.00 (€13,00)
AGED 16 YEARS OLD AND OVER AGED 5 TO 15 YEARS INCLUSIVE

SEND CHEQUES OR POSTAL ORDERS ONLY MADE PAYABLE TO:
THE INTERNATIONAL BUDO ASSOCIATION

NEW APPLICATIONS: FEE INCLUDES LICENCE & INSURANCE

DO NOT SEND EXISTING LICENCES WITH THE APPLICATION IF RENEWING

國際
武
道
協
會

DECLARATION TO BE COMPLETED BY THE APPLICANT

- 1: I accept that training in the Martial Arts may involve the risk of injury;
- 2: I clearly understand that the practice of Martial Arts is entirely at my own risk;
- 3: If accepted by the Association, I undertake to abide by the rules and articles of the I.B.A. together with any amendments that may be made during my period of membership.

Signed _____
(To Be Signed By Parent or Guardian If Under 16 Years Of Age)

Date _____
(DD/MM/YY)



SEND ALL COMPLETED FORMS WITH FEE TO ADDRESS AT TOP OF PAGE

E-Mail: mail4iba@tiscali.co.uk Website: www.iba.eu.com

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