



# American Karate-Do Federation

## First License Application to Practice Karate

Instructor : \_\_\_\_\_ School: \_\_\_\_\_

If you do not have a license you are NOT a member of the American Karate-Do Federation and therefore cannot participate in any of the Federation's activities as you will not have insurance cover. *N.B. If you are aged 16 or over, or will attain the age of sixteen during the period (one year) covered by this application, you should apply for an adult license.* When you receive your license you will be issued a unique registration number. You should keep a copy of this number separately and always quote it in any correspondence with the Licensing Officer

Type of license applied for: (Please tick one box)

Adult	Fee	Junior	Fee
<input type="checkbox"/>	\$25	<input type="checkbox"/>	\$20

Male  First Name: \_\_\_\_\_  
Female  Surname \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip: \_\_\_\_\_ State: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Do you suffer from any medical condition or take any medication that your Instructor should know about?  
Yes  No  If Yes, please specify \_\_\_\_\_

Date of Birth: mm/dd/yy \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I declare that the information given here is correct and that I will comply with the Constitution and Rules of the American Karate-Do Federation.

Signed:..... Date:.....  
(Parent or Guardian's signature if under 18)

This form, together with the appropriate fee, should be sent to -  
**AKF Licensing Officer, 63836 Coolidge Court, BOYNTON BEACH, Florida 33437.**  
Checks should be made payable to – **Boynton Karate.**  
**Please allow 21 days for the return of your license.**