



American Karate-Do Federation

License to Practice Karate Renewal Application

Instructor :		School:	
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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 <input type="checkbox"/>	Fee \$25	Junior <input type="checkbox"/>	Fee \$20
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Male <input type="checkbox"/>	First Name:	<input type="text"/>
Female <input type="checkbox"/>	Surname	<input type="text"/>

Address:	<input type="text"/>			City:	<input type="text"/>
Zip:	<input type="text"/>	State:	<input type="text"/>	Telephone #:	<input type="text"/>
Email:	<input type="text"/>				

Do you suffer from any medical condition or take any medication that your Instructor should know about?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please specify	<input type="text"/>
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Date of Birth:	mm/dd/yy	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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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.