



American Karate-Do Federation

License to Practice Karate Renewal Application

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

Male First Name: _____
Female Surname _____

Address: _____ City: _____
Zip: _____ State: _____ Telephone #: _____
Email: _____
Emergency Telephone #: _____

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, 1908 Flower Drive, Palm Beach Gardens, Florida 33410.
Checks should be made payable to – **Boynton Karate.**
Please allow 21 days for the return of your license.