



REGISTRATION FORM

PRINT CLEARLY IN BLOCK CAPITALS
USE ONE FORM PER PERSON

Surname _____ First name(s) _____

Address _____

Town or City _____ County _____ Postcode _____

Telephone _____ Email _____

Male Female Date of birth _____ Age _____ Tick here if CCCU Student Student Unpaid

Please state **EXACT** grade Ungraded _____ Kyu _____ Dan Tick here if grade is non-KUGB

KUGB Licence Number (If any) _____ Licence Expiry Date _____

New members **MUST** give **EXACT** date they started training with the KUGB _____

Please give any medical conditions we need to be aware of physical or mental

Telephone In case of Emergencies _____

Signature of Applicant * _____ Date _____

* This must be signed by a parent or guardian of any applicant who is under 18 years of age.