



WIKF

# Wado International Karate Do Federation Northern Ireland (WIKF-NI)

## Licence Application / Renewal Form



WIKF

The WIKF Licence is a very important document, which has several functions and provides certain benefits to the holder. These are listed as follows:

1. A licence will only be issued to members of **affiliated** WIKF NI clubs.
  2. It provides personal insurance cover against injury whilst practising Karate.
  3. It is mandatory for grading.
  4. It is an official grading record.
  5. It is required for participation in all competitions.
- Remember that YOU are responsible for keeping your licence up to date. You cannot grade, compete or claim Accident Insurance if your licence is out of date.

### FEES:

1. Fees are payable annually. (Please tick the one that applies)
2. Seniors – 16 years of age and over
 

First Application	£ 50.00	<input type="checkbox"/>
Renewal	£ 35.00	<input type="checkbox"/>
3. Juniors –up to 16<sup>th</sup> birthday
 

First Application	£ 40.00	<input type="checkbox"/>
Renewal	£ 25.00	<input type="checkbox"/>
4. Family rate –3 children or more
 

First Application	£ 60.00	<input type="checkbox"/>
Renewal	£ 50.00	<input type="checkbox"/>

Make cheques payable to WIKF NI.

For Official Use Only	
Fee Received	
No. of Licence	
Date	
Receiving Officer	

### TO BE COMPLETED IN BLOCK CAPITALS

Surname.....Mr/Mrs/Miss      Previous WIKF Licence No. (if any).....  
 Forenames.....      Expiry Date.....  
 Address.....      Grade.....Date Passed.....  
 .....      Name of Examiner.....  
 Town.....      Dan Grade Certificate No.....  
 Post Code.....      Grade from any other association.....  
 Telephone No.....      Style.....  
 Date of Birth.....  
 Name of WIKF Club.....  
 Town.....  
 Name of club Instructor(s).....

Please issue me with an annual NI-WIKF Licence

The fee of £..... is enclosed

I enclose:-      a completed application form  
                       the appropriate fee  
                       current or expired licence (if applicable)  
                       self addressed and stamped envelope (if not included the licence may not be returned)

### Declaration

I certify that to the best of my knowledge and belief the foregoing details are correct and in the event of being accepted I undertake to abide by the constitution and byelaws of the WIKF-NI.

Signature.....      Date.....

Signature of parent or guardian if applicant is below 18 years of age

Signature.....      Date.....

Send applications to: **Mr. Campbell Corbett, 50 Ardvanagh Dr., Conlig, Newtownards, Co. Down BT23 7XQ**  
Tel: 079 7031 4130 – email: [campbellcorbett@gmail.com](mailto:campbellcorbett@gmail.com)

Make sure and allow at least 28 days for administration and receipt of new licence. The NI-WIKF reserves the right to decline applications without giving a reason.

Please complete in capitals  
Using black ink

## WIKF NI: Application for registration

### Training History

Name: \_\_\_\_\_ Club: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Association Licence No. \_\_\_\_\_

Previous Licence : Yes / No Number: \_\_\_\_\_

Name of Association: Wado International Karate Federation N.I.

Style: Wado Ryu Applicants Grade: \_\_\_\_\_

Applicants Coach: \_\_\_\_\_ Grade Held: \_\_\_\_\_

### Medical Statement

- (i) Do you suffer from any of the following disorders (tick)      Migraine
- Epilepsy       Hay Fever       Nervous Disorder       Heart Disorders
- Abnormal Blood Pressure
- (ii) Do you suffer from any other known medical condition which may make it unsafe to practice Karate \_\_\_\_\_
- (iii) Do you have any disability or impairment \_\_\_\_\_

### Declaration

I apply to be registered with the NIKB. I agree to be bound by its constitution, rules and regulations as may be in force from time to time.

I declare the information given is true to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(to be signed by applicants parent / guardian if applicant is under 18 years old).

I confirm that the above named is a Bona Fide karate practitioner, and I second his / her proposal for registration with the NIKB.

Signed: \_\_\_\_\_ (coach) Date: \_\_\_\_\_

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