**ЗАЯВЛЕНИЕ**

**В КЛУБ КАРАТЭ**

**КИОКУШИНКАЙ «ПЕРЕСВЕТ»**

***Для заявителей старше 14 лет***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Все поля заявления обязательны для заполнения печатными буквами без сокращений*. *Заявления написанные неразборчиво,*  *к рассмотрению не принимаются* | Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Отчество |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Дата рождения |  |  | . |  |  | . |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *дата* | |  | *месяц* | |  | *год* | | | |  |  |  |  |  |  |  |  |  |  |
| Гражданство |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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***Для заявителей младше 14 лет***

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| ***Сведения о родителях*** | Фамилия |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  | |  | |  |  |  | |  | |  |
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| Имя |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  | |  | |  |  |  | |  | |  |
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| Отчество |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  | |  | |  |  |  | |  | |  |
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|  |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  | |  | |  |  |  | |  | |  |
| Состояние |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  | |  | |  |  |  | |  | |  |
| здоровья |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  | |  | |  |  |  | |  | |  |
| ребенка |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  | |  | |  |  |  | |  | |  |
| *Медицинскую справку об отсутствии противопоказаний по здоровью*  *для занятий по каратэ обязуюсь предоставить до* | | | | | | | | | | | | | |  | |  |  |  | |  | |  |  |  | |  | |  |
|  | |  | . |  | |  | | . |  |  | |  | |  |
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| ***Сведения о ребенке*** | Фамилия |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  | |  | |  |  |  | |  | |  |
| Имя |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  | |  | |  |  |  | |  | |  |
| Отчество |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  | |  | |  |  |  | |  | |  |
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| Дата рождения |  |  | . | |  |  | . | |  |  |  |  | Полных лет | | | | | | | | |  |  | |
|  | *дата* | | | *месяц* | | | | *год* | | | | | |  | |  | |  | |  | |  | |  | |

**ЗАЯВЛЕНИЕ**

Прошу принять меня / моего сына / мою дочь (нужное подчеркнуть) в члены Клуба киокусинкай каратэ «ПЕРЕСВЕТ». С Общими Правилами Клуба ознакомлен(а).

Я осознаю, что киокусинкай каратэ является контактным видом спорта, претензий в случае травм и несчастных случаев, произошедших на тренировках, иметь не буду.

«\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_г. Подпись \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Сведения о заявителе:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1.** | **Контактные телефоны** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Мобильный | | | |  |  |  |  |  |  |  |  |  |  |  | Мобильный | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
| Email | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.** | **Адрес прописки** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Индекс | |  |  |  |  |  |  | Область | | | |  |  |  |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Город | |  |  |  |  |  |  |  |  |  |  |  | Район/поселок | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Улица | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | дом | |  |  |  |  | квартира | | | |  |  |  |
| **3.** | **Место учебы / работы (претендента клуба)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Наименование | | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |

*Заполняется президентом клуба*

Принят(а) в члены Клуба киокусинкай каратэ-до «ПЕРЕСВЕТ»

«\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_г. Подпись \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_