



AMALGAMATED WARRIOR ARTS

STUDENT LICENCE/INSURANCE APPLICATION Please complete this form fully in block capitals

1 About the person applying for membership

Give full name, address and telephone No.

Title Mr/Mrs/Miss Surname

First Name

Date of Birth

Address

Postcode

Telephone Number

Emergency Contact Number

Email Address

3 Have you ever been a member of any other martial arts organisation?

No

Yes

If yes please list details including grade achieved, date grade achieved and association/instructor.

5 DECLARATION

I declare that the information that I have provided is true and correct, and I understand it is my responsibility to keep the Amalgamated Warrior Arts informed of any change in the above information. I will abide by the policies and procedures as laid down by the Amalgamated Warrior Arts and accept that the practise of any martial art/combat sport involves the risk of serious injury.

This form is to be signed by the applicant or parent/guardian if under 18 years of age.

Signed

Date / /

PLEASE HAND THIS FORM TO YOUR INSTRUCTOR / CLUB SECRETARY TO BE SIGNED

6 Chief Instructor / Club Secretary

AWA Registration No

Name

Signed

7 AWA Office use only

AWA Membership No

Approved / Not Approved

PR

DE

LI

2 About the applicants medical history

Details are purely for the purpose of information and will not necessarily affect your application.

Have you now, or in the past, experienced any of the following (please tick as many as necessary)

AIDS/ HIV

ALLERGIES

ASTHMA

BACK PROBLEMS

CHEST PAINS

DIABETES

DETACHED RETINA

DIZZINESS

FAINTING

EPILEPSY

HEART PROBLEMS

HEPATITIS

HERNIA

HIGH BLOOD PRESSURE

RESPIRATORY DISORDER

OTHER

(If "other" please give details)

If you have answered "yes" to any of the above, please speak to the teacher of the class before enrolling.

4 Have you ever been charged or convicted with any crime of violence?

No

Yes

If yes please list details