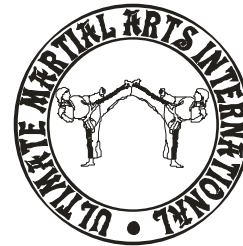


STUDENT LICENCE APPLICATION FORM



Please use **BLOCK CAPITALS** and complete each section fully.

Full name..... Date of Birth.....

Address.....

.....

Email.....

Telephone Number..... Occupation.....

Present Style..... Present Grade.....

Have you ever practised any martial art. YES/NO If yes please give details including affiliation, grade obtained and examiner.

MEDICAL CONDITIONS AND INJURIES

Please think carefully and include any past or present injuries and medical conditions that might affect your ability to participate. This might include, for example, a previously broken left wrist that is now weakened, or a knee that is weak (but has not been investigated by your doctor), or it could refer to a past or on-going condition – such as Asthma or Arthritis.

Please also include details of any allergies you might have.

I accept that the practice of any Martial Art/Combat Sport includes the risk of serious injury. I the Undersigned agree that all the info I have given is correct and I know of no reason why I should Not continue with the practice of Martial Arts. I will not hold the club or UMAI Instructors and members responsible for any injury's that may occur because of physical disability. I agree to abide by the conditions and regulations as set out by the UMAI and their insurers. I accept the club's rules.

SIGNATURE

I, the above-named student, confirm that the details enclosed in this document are accurate and true to the best of my understanding, and I declare that I am fit to participate.

Students over 18..... Name.....

Students under 18 (parent/guardian) Name.....