NAKMAS NATIONAL GOVERNING BODY

STUDENT LICENCE/INSURANCE APPLICATION

PLEASE COMPLETE THIS FORM FULLY IN BLOCK CAPITALS

Application for: Junior Licence [ ] Senior Licence [ ]

Full Name: ..... Date of Birth: .....

Address: .....

..... Post Code: .....

Telephone Number: (.....) ..... Occupation: .....

Martial Arts History: (Have you ever practised a martial art? If so, please list details including grade achieved, date grade achieved and association/instructor)

.....

Medical History: (Do you suffer from any of the following? Please tick in the box provided)

Allergy (ies) [ ] Asthma [ ] Diabetes [ ] Epilepsy [ ] Haemophillia [ ] Heart Disorder [ ]

Hay Fever [ ] Nervous Disorder [ ] Respiratory Disorder [ ] Migraine [ ] Joint/Skeletal [ ]

HIV [ ] Other [ ] Please give details: .....

Criminal History: Have you ever been charged or convicted with any crime of violence?

Yes [ ] Details:

.....No [ ]

DECLARATION

I declare that the above information is true and correct, and that I will abide by the policies and procedures as laid down by the NAKMAS National Governing Body. I accept that the practise of any martial art/combat sport involves the risk of serious injury.

I enclose with this application:

1. One passport type photograph (if hardback book is required)
2. Required application fee

Signed: ..... (students 18 years plus)

Signed: ..... (Parent/Guardian of students under 18 years)

Date: .....

PLEASE HAND THIS FORM TO YOUR INSTRUCTOR/CLUB SECRETARY,
SO THAT IT MAY BE COUNTERSIGNED

Club Registration Code: .....

Chief Instructor/Club Secretary Signature: .....