CONFIDENTIAL
LICENCE APPLICATION

SOUTH COAST MARTIAL ARTS

Please type or use BLOCK CAPITALS when completing this form. ** Tick as appropriate * Delete as appropriate

Student Information

Surname ……..... Forenames ……..……

Title *Mr/Mrs/Ms/Miss/Master/Other (please specify) …….. Date of Birth ……

Address ……

…… Post Code ……

E-mail …….. Telephone (Incl STD code) Home …… Other……..……

Date started training with S.C.M.A. ……How did you hear about S.C.M.A?……

Do you suffer from any physical injuries or disabilities? ***YES/NO** If YES give details overleaf

Any **special needs** or requirements? …….

Have you ever been convicted of a crime of violence? ***YES/NO** If YES give details overleaf

DECLARATION – PLEASE READ CAREFULLY

1. *I understand that a Martial Art is physical and involves forceful contact with instructors, students, competitors and objects.*
2. *I accept that there is a risk of injury in learning and practising a Martial Art.*
3. *I agree that I shall not hold South Coast Martial Arts, or any of its schools, instructors or students, liable for any injury that I may sustain whilst learning and/or practising Martial Arts.*
4. *I agree to abide by the rules and regulations of South Coast Martial Arts should I be accepted as a member.*

Applicant's Signature ……..…... Date ……

(Parent or Guardian if under 18)

Instructors use only

Training School …… Little Dragons ☐ Taekwon-do ☐ Kickboxing ☐

Licence Details ** NEW ☐ ** RENEWAL ☐

Licence type Indiv ☐ 1st Family ☐ 2nd Family ☐ Additional ☐

Existing Licence Valid to the end of …… Membership No ……..

New Licence Expiry Date ……..

** Licence Fee Received Ind/1st £35.00 ☐ 2nd £27.00 ☐ Add £20.00 ☐ Other ☐ Method of Payment ☐ (Please Specify)

Please make Cheques payable to **SOUTH COAST EQUIPMENT**

Please list other family members (continue overleaf if necessary)

	Membership. No	Name
1st	……..	……..
2nd	……..	……..
ADD	……..	……..

I have checked the form & confirm the accuracy of the details

Instructor's Signature …….. Grade ……