

Kicks Martial Arts Centres

Licence Application form

It is a governing body requirement that all students have a registered licence this includes a limited basic insurance cover in compliance with KMAC guidelines. Full details of cover are available from KMAC

I am applying for: * (Please circle)

Thai Box Kick- Boxing Boxing New member–Renewal

Please complete in CAPITAL LETTERS

NAME _____

ADDRESS _____

Post Code _____ INSTR. _____ Club _____

DATE OF BIRTH _____ Male / Female

Date of last grade _____

Grade _____

LICENCE NO EXPIRY DATE

DECLARATION TO BE COMPLETED BY ALL APPLICANTS

I certify that to the best of my knowledge and belief the foregoing details are correct, and in the event of my being accepted I undertake to abide by the constitution and by-laws of the ASSOCIATION together with any amendments that may be made during my period of membership.

SIGNED _____ DATE _____

PARENTS SIGNATURE (if under 16)

*FEE Adult £15 Junior £12

KICKS MARTIAL ARTS CENTRES, 01273-673680
185 LEWES ROAD BRIGHTON
SUSSEX BN2 3LD

Email: info@kicks.org.uk website: www.kicks.org.uk

KICKS MARTIAL ARTS CLUB
(KARATE/ KICKBOXING/THAI-BOXING/JU-JITSU)

NAME: D.O.B.....

Address

TELEPHONE NO: (home & mobile):

E-MAIL:

DOCTOR'S NAME & TEL NO:

CONTACT NAME & TEL NO (in case of an emergency):
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KICKS' CLUB LOCATION:

I understand that the practice of Martial Arts, (Karate, Kickboxing, Thai – Boxing, Ju-Jitsu, Boxing), self defence, and allied activities, is entirely at my own risk. I shall not hold the school or any instructor or member of staff responsible for any injury which I may sustain. I have never been convicted of any charge involving physical violence. I promise that I will not use any of the skills I learn inside the Dojo/Gym, outside of it, except in self defence of life or limb and order. I will never provoke attack in thought or deed.
I understand it is my responsibility to ensure that I have Valid Martial Arts Insurance Cover and that includes Insurance of my self.

The acceptance of membership is at the discretion of Instructors and can be revoked at any time.

Please tick if any of the following apply :

Asthma	Heart Problems	Blood Pressure High/Low	Hearing Impairment	Visual Impairment	Problems with Bones/Joints

Please provide us with any other relevant medical details.

Please Tick if you are happy for us to use photos / videos on our social media platforms and website:

Signed: Date:

Parents Signature (Under 16):

Membership Fee: £