

**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):**  
.....

**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:** £ .....

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