



WKMA/BIKMA

STUDENT MEMBERSHIP

Licence & Insurance Form



Date Paid:.....

Name of Club.....

Instructors Name.....

Please complete in BLOCK CAPITALS

Please tick appropriate boxes	
SENIOR	
JUNIOR	
NEW LICENCE	
RENEWAL	

Have you ever practised a Martial Art? YES/NO (If YES please give brief details, including affiliation, grade obtained and examiner)

.....

Full Name:	D.O.B
Address	
	Postcode
Emergency Contact Phone No.	
Email Address:	

Do you suffer from any of the following? Please tick as appropriate.

Allergies		Asthma		Diabetes		Epilepsy		Haemophilia		Hay Fever	
Heart		Migraine		Nervous		Respiratory		Other (give details below)			
Other details											
Details of Medications											

Have you ever been convicted of a crime of violence? YES/NO (If YES please give brief details)

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Declaration: I ACCEPT THAT THE PRACTICE OF ANY MARTIAL ART/COMBAT SPORT INVOLVES THE RISK OF SERIOUS INJURY

STUDENTS OVER 18 sign:Date:.....

PARENT/GUARDIAN(students under 18).....

OFFICE USE:

Licence No.....Expiration date.....

Club Registration Code:.....

Club Instructor/Secretary Signature.....