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

<b>NAME:</b>								NAME:					
Address	i		Address										
TELEPHONE NO: (home & mobile):									TELEPHONE NO: (home & m				
E-MAIL:  DOCTOR'S NAME & TEL NO:									E-MAIL:				
									DOCTOR'S NAME & TEL NO				
		EL NO (in case	•	• .					T NAME & T				
KICKS' CLUB LOCATION:								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.								I understand that the practice self defence, and allied activiti instructor or member of staff r convicted of any charge involve learn inside the Dojo/Gym, ou provoke attack in thought or d I understand it is my responsibility Insurance of my self.					
	•	mbership is at the		of Instructors ar	nd can be revoked	at any time.			ptance of me				
Asthma	Heart Problems	Blood Pressure High/Low	Hearing Impairment	Visual Impairment	Problems with Bones/Joints	]		Asthma	Heart Problems	Blood High/L			
Please provide us with any other relevant medical details.								Please provide us with any oth					
Please Tick if you are happy for us to use photos / videos on our social media platforms and website:								Please Tick if you are happy for u					
Signed: Date:								Signed:					
Parents S	Signature (Unc	ler 16):						Parents S	ignature (Und	der 16): .			
Membership Fee: £								Membership Fee: £					

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

NAME:	ME: 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 Sig	gnature (Unde	er 16):									
Membership Fee: £											