

NAKMAS NATIONAL GOVERNING BODY

STUDENT LICENCE/INSURANCE APPLICATION

PLEASE COMPLETE THIS FORM FULLY IN BLOCK CAPITALS

Application for: Junior Licence Senior Licence

Full Name: Date of Birth:

Address:

..... Post Code:

Telephone Number: (.....) Occupation:

Email Address:

Martial Arts History: (Have you ever practised a martial art? If so, please list details including grade achieved, date grade achieved and association/instructor)

.....

Medical History: (Do you suffer from any of the following? Please tick in the box provided)

Allergy (ies) Asthma Diabetes Epilepsy Haemophillia Heart Disorder

Hay Fever Nervous Disorder Respiratory Disorder Migraine Joint/Skeletal

HIV Other Please give details:

Criminal History: Have you ever been charged or convicted with any crime of violence?

Yes Details:No

DECLARATION

I declare that the above information is true and correct, and that I will abide by the policies and procedures as laid down by the NAKMAS National Governing Body. I accept that the practise of any martial art/combat sport involves the risk of serious injury.

I understand that this form will be sent to NAKMAS for my student Licence to be processed and my information used in accordance with NAKMAS Privacy Policy.

I enclose with this application:

1. One passport type photograph (if hardback book is required)
2. Required application fee

I CONSENT to being contacted via Email Telephone Text Post (please tick to indicate your preference)

Signed: Date:
(Students 13 years plus)

I CONSENT to being contacted via Email Telephone Text Post (please tick to indicate your preference)

Signed: Date:
(Parent/Guardian of students under 18 years)

PLEASE HAND THIS FORM TO YOUR INSTRUCTOR/CLUB SECRETARY,
SO THAT IT MAY BE COUNTERSIGNED

Chief Instructor/Club Secretary Signature: Club Code: