



APPLICATION FORM

1. APPLICANT'S DETAILS:

Surname: Given name(s):

Address:

Postcode:.....Ph (home)..... Ph (work).....

Occupation:.....Date of Birth.....

2. HEALTH DECLARATION:

Are you prescribed drugs which may impair reaction time or judgement?

YES/ NO If yes, what drugs

Have you suffered any incapacity requiring medical attention in the past 12 months?

YES/ NO If yes, give details

3. EXCLUSION OF APPLICANT

Have you ever been excluded from Martial Arts in the past by a medical practitioner or any other person or entity or a Martial Arts Club?

YES/ NO If yes, give details

4. DECLARATION OF UNDERSTANDING

Martial Arts Is Dangerous

I have read and understood the terms of the Martial Arts Contract or if I did not understand the terms of the Contract I requested an independent person to explain them to me.

Dated thisday of.....20.....

Applicant Signature.....

Witness signature.....

5 GUARDIAN'S CONSENT: (for all persons under 18 years)

I hereby certify and decree that all the information contained in the declarations above is true and accurate.

Signature..... Relationship to Applicant.....

Address in full