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 enclose with this application:

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

Signed: ..... (students 18 years plus)

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

Date: .....

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

Club Registration Code: .....

Chief Instructor/Club Secretary Signature: .....