

LICENCE & MEMBER INSURANCE APPLICATION FORM

Please ensure that this form is completed correctly and in BLOCK CAPITALS.

To confirm with ruling: - all practising martial art students must hold a valid and up to date licence/insurance and licence book presented by the Rising Sun Martial Arts organisation. This combined insurance and licence book is also a record of all gradings you have successfully achieved and have been entered into the records of Rising Sun Martial Arts. These licences are renewable annually and must not be allowed to expire. This licence is part of your personal registration, which will allow to train and participate in any martial arts activities deemed appropriate and legal by said governing bodies. Your licence must continue to run concurrent as it will become invalid if it expires, which in turn will invalidate your insurance deeming any accident incurred whilst licence is invalid, void of any claim for injury by yourself against stated governing bodies or by third parties injured by you whilst your licence is invalid. If your licence does expire you should not train until it has been renewed. “Renew your licence four weeks before expiry date.”

Previous Licence Expiry Date:

Full Name:

Address:

.....

.....

Post Code:

Telephone Home:

Telephone Mobile:

Email Address:

Date of Birth (DD/MM/YYYY):

Club:

Licence Applied For:	(Under 16) - £16.00	(16 And Over) - £19.00	
	Karate (Junior) <input type="checkbox"/>	Karate (Senior) <input type="checkbox"/>	
	Kickboxing (Junior) <input type="checkbox"/>	Kickboxing (Senior) <input type="checkbox"/>	

Graded Students Only:

Date of Last Grading (DD/MM/YYYY):

Place of Last Grading:

Grade Awarded:

Grading Examiner’s Names:

I agree to abide by the rules and code of conduct set by 旭 Rising Sun Martial Arts and any changes thereof and honour the codes and traditions of practising Karate / Kickboxing.
I declare that to the best of my knowledge there are no medical reasons why I may not participate in the martial arts.

Signed This Day By:

Signed By Parent/Guardian:
(If Under 16 Years of Age)

Date (DD/MM/YYYY):

Office Use Only

Received By Instructor: Club:

Price: £ Paid: (Cash Only) Date (DD/MM/YYYY):