



SAMA



MEMBERSHIP & F.E.K.O LICENCE APPLICATION FORM

SAMA MEMBERSHIP & LICENCE FEE P/A: ADULT £30 (16yrs & above) JUNIOR £20

Please use block capitals & tick boxes where applicable

ADULT JUNIOR KARATE KICKBOXING

FIRST NAME

SURNAME

ADDRESS

TOWN

POSTCODE

DATE OF BIRTH

DISABILITY YES NO If 'YES' please state here:

PLACE OF TRAINING

INSTRUCTORS NAME

DATE OF MEMBERSHIP

SIGNED (To be signed by parent/guardian if under 16 years of age)

DATE

OFFICIAL USE ONLY			
FEE RECEIVED	<input type="text"/>	RECEIVED BY	<input type="text"/>
NO. OF LICENCE	<input type="text"/>	DATE	<input type="text"/>

MEDICAL INFORMATION

Have you/your child undergone any surgery within the last 6 months? YES NO
(If 'YES' please add details in the box below)

Have you/your child ever been diagnosed with any form of heart problem? YES NO
(If 'YES' please add details in the box below)

Do you/your child suffer from high blood pressure? YES NO

Do you/your child suffer from asthma? YES NO

Are you/your child currently taking any medication? YES NO
(If 'YES' please add details in the box below)

Please use this box to add any information which may be relevant to your/your child's training

CONTACT INFORMATION

Your contact details are for our use only in the event of emergency contact or other aspects of you or your child's training. Please try to add both numbers so we have sufficient emergency contact details. Email addresses will only be used by us to keep you updated with the latest SAMA news & offers.

HOME TEL NO.

MOBILE NO.

EMAIL

DECLARATION

I have never been convicted of any charge involving physical violence. I promise to not use any of the skills I am taught outside of the dojo (gym) except in self-defence of life, limb or law and order. I will never provoke an attack in thought or deed. I promise to uphold the true spirit of the martial arts.

PLEASE NOTE: SAMA Organisation is a private members club. SAMA Organisation has the right to terminate any membership if rules are not upheld. Students with special needs are advised to contact the head office for further details to ensure suitability of karate or kickboxing training. Whilst SAMA will do their best to accommodate individual needs the club instructors may refuse membership to potential students on the grounds of safety to students and staff. All information on this form is held in confidence by the SAMA Organisation. Occasionally photographs maybe taken during training by our staff & may be used on the SAMA website, flyers or posters. Please tick this box if you/your child do not wish to appear in the photographs.

SIGNED.....DATE.....
(To be signed by parent/guardian if under 16 years of age)

OFFICIAL USE ONLY			
ADULT	<input type="checkbox"/>	JUNIOR	<input type="checkbox"/>
KARATE	<input type="checkbox"/>	KICKBOXING	<input type="checkbox"/>
INS NAME	<input type="text"/>	STUDENTS NAME	<input type="text"/>
MEMBERSHIP & LICENCE PAID	<input type="checkbox"/>	AREA	<input type="text"/>
DATE PAID	<input type="text"/>	VENUE	<input type="text"/>