



SAMA



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

SAMA MEMBERSHIP & LICENCE FEE P/A: ADULT £30 (18yrs & above) JUNIOR £20

**Please use block capitals & tick boxes where applicable
Please complete with details of the person training within the class**

ADULT MEMBERSHIP & LICENCE JUNIOR MEMBERSHIP & LICENCE

KARATE STUDENT KICKBOXING STUDENT

FIRST NAME

SURNAME

HOUSE NUMBER

STREET NAME

TOWN

POSTCODE

DATE OF BIRTH

PLACE OF TRAINING
(NAME OF SCHOOL OR LEISURE CENTRE WHERE YOUR CLASS IS HELD)

START DATE

MEDICAL INFORMATION

	YES	NO
Have you/your child undergone any surgery within the last 6 months? <i>(If 'YES' please add details in the box below)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you/your child ever been diagnosed with any form of heart problem? <i>(If 'YES' please add details in the box below)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you/your child have any disabilities that are relevant for training? <i>(If 'YES' please add details in the box below)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you/your child currently taking any medication? <i>(If 'YES' please add details in the box below)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you/your child suffer from high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you/your child suffer from asthma?	<input type="checkbox"/>	<input type="checkbox"/>

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. We will never share any of your details with any third parties. All of your details are kept safe by us. For full details and to view our GDPR Privacy Policy please feel free to visit our website at www.samamartialarts.co.uk/content/privacypolicy

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 disabilities 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 may be 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 18 years of age)

OFFICIAL USE ONLY ADULT JUNIOR KARATE KICKBOXING

STUDENTS NAME

VENUE

START DATE