

FRONTLINE MARTIAL ARTS

Membership Application Form

Information for the Applicant	To be completed in BLOCK CAPITALS
<p>Licence and Grading Record Books You must receive the Licence and Grading Record Book within 6 weeks of application.</p> <p>Insurance The licence fee includes insurance. Ask the Instructor to see the Schedule of Insurance. If you wish to make a claim under the accident insurance policy, you must do so, in writing, within 7 days of the accident occurring. Failure to do so may result in claim rejection.</p> <p>Medical Disorders Applicants who suffer from any medical disorder must attach to this form a letter from their doctor confirming that they are fit to practise Martial Arts. Failure to do so may invalidate insurance cover.</p> <p>Examinations Kup (10th to 1st Kup) grading examinations can only be conducted by a 4th Dan or higher grade.</p> <p>Database The information (except medical records) given on this form will be entered into the database and is for exclusive use by Frontline Martial Arts.</p> <p>If you do not wish your data to be stored tick here <input type="checkbox"/></p> <p>Acknowledgement I acknowledge that I have been informed of the potential risks of practising Martial Arts. I apply for membership of Frontline Martial Arts and agree to comply with the rules and regulations.</p> <p>To be signed by the applicant if aged 18 or over, or the applicant's parent or guardian where the applicant is under 18 years old.</p> <p>Applicant <input type="checkbox"/> Parent/Guardian <input type="checkbox"/></p> <p>Signed <input style="width: 100%;" type="text"/></p> <p>Dated <input style="width: 50%;" type="text"/></p>	<p>New Application <input type="checkbox"/> Renewal <input type="checkbox"/> <i>(tick as appropriate)</i></p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>Forenames <input style="width: 100%;" type="text"/></p> <p>Address <input style="width: 100%; height: 80px;" type="text"/></p> <p>Post Code <input style="width: 100%;" type="text"/></p> <p>Telephone No. <input style="width: 100%;" type="text"/></p> <p>E-Mail Address <input style="width: 100%;" type="text"/></p> <p>Occupation <input style="width: 100%;" type="text"/></p> <p>Date of Birth <input style="width: 50%;" type="text"/></p> <p>Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p>Grade of Applicant <input type="checkbox"/> Dan/Kup <i>(enter grade and delete Dan/Kup as appropriate)</i></p> <p>Instructor <input type="checkbox"/> Student <input type="checkbox"/></p> <hr/> <p>Applicants wishing to RENEW their annual licence MUST complete the following boxes.</p> <p>Frontline Martial Arts Membership No. <input style="width: 100%;" type="text"/></p> <p>AMA Licence No. <input style="width: 100%;" type="text"/></p> <p>Expiry Date <input style="width: 100%;" type="text"/></p> <p>Has your address changed since your last application? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
FRONTLINE USE ONLY	
<p>Senior <input type="checkbox"/> Junior <input type="checkbox"/></p> <p>Membership No. <input style="width: 100%;" type="text"/> Licence No. <input style="width: 100%;" type="text"/> Expiry Date <input style="width: 100%;" type="text"/></p> <p>Instructor signature <input style="width: 100%;" type="text"/> Dated <input style="width: 100%;" type="text"/></p>	