



SCHOOL OF TRADITIONAL MARTIAL ARTS



傳統武道學校

ADMISSION FORM

STUDENT ID..... DATE.....

FULL NAME.....

ADDRESS.....

.....

.....POST CODE.....

DATE OF BIRTH...../...../.....(DD/MM/YYYY)

PHONE NO.....

HAVE YOU EVER BEEN CONVICTED ON A CHARGE OF VIOLENCE? NO YES

HAVE YOU ANY MEDICAL CONDITIONS THAT MAY AFFECT YOUR TRAINING? NO YES

HAVE YOU ANY TYPE OF DISABILITY? NO YES

DETAILS FOR ANY "YES" ABOVE.....

ADMISSION FEES:-

\$ 10 (admission fees) PER STUDENT OF ANY AGE

PER CLASS

Please return completed form with correct amount to your Instructor.

DECLARATION TO BE COMPLETED BY APPLICANT AND PARENTS

1. I accept that training in the Martial Arts may involve the risk of injury.
2. I clearly understand that the practice of Martial Arts is entirely at my own risk.
3. I undertake to abide by the rules and articles of the School Of Traditional Martial Arts

Signed:_____

Parents Signature_____

For Office use only:

Instructor Name:.....License Number.....

Instructor Signature..... Date.....

