

Registration Form



Personal Details

First Name: Surname:

Address: Postcode:

Telephone: Mobile: D.O.B:

Email: Occupation:

Martial Arts Experience

Have you had any previous martial arts experience? YES / NO

If YES, please give further details of discipline and grade achieved:

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How did you hear about StaySafe Self Defence?

Criminal History

Do you have a criminal record? YES / NO

If YES, please give further detail:

Emergency contact details

Name: Telephone:

Declaration

I declare that the above information is true and correct, and that I will abide by the policies and procedures as laid down by StaySafe Self Defence.

I accept that the practise of any martial art/combat sport involves the risk of serious injury and whilst all reasonable care is taken, my instructors are not legally responsible for any accidents or injuries which may occur whilst I am training at their class.

I also understand that I am expected to maintain a standard of behaviour, both during training and in general, which will not bring StaySafe Self Defence into disrepute, knowing that failure to do so may result in expulsion from the course without refund. I am medically fit to undertake intensive physical training.

I also declare that I will never use the skills that I am taught against any person, except for the defence of myself, my family or friends in the instance of extreme danger or unprovoked attack, or in the support of law and order.

I enclose with this application:

1. Deposit of £15 paid to secure my place on the course.
2. Fully Completed and signed StaySafe Self Defence – Medical Information Form (SS-DEF-002)

Signature: Date:

(For persons under 18 years of age, a parent / guardian's signature is required)