**Date of Application:** ………………………………………………

Membership Fee £89.99

(includes free uniform and 12 months insurance)

Name of member: …………………………………………………………………………………………

Address: …………………………………………………………………………………………

 …………………………………………………………………………………………

Telephone Number: …………………………………………………………………………………………

Date of Birth: …………………………………………………………………………………………

If under 16 years of age, name of parent/guardian/carer

……………………………………………………………………………………………………………………………….

Does the member suffer from any illness or allergies? Yes ( ) No ( )

If yes, please give specific details …………………………………………………………………………………………….

 …………………………………………………………………………………………….

 …………………………………………………………………………………………….

Do you accept that the practice of Martial Arts involved the risk of serious injury?

Yes ( ) No ( )

PLEASE NOTE: CMA FREESTYLE WILL NOT COMPENSATE FOR ANY INJURY WHICH MAY OCCUR DURING TRAINING OR COMPETITION FIGHTING UNLESS YOU HOLD A VALID MARTIAL ARTS LICENCE

Signature: ………………………………………………………………………………………………………………………………

(Of parent/guardian/carer if under the age of 16 years)

Please state where you heard about Halesowen Martial Arts and Pride Boxing

……………………………………………………………………………………………......