



# BMABA

TO HIGH PLACES BY NARROW ROADS

## THE BRITISH MARTIAL ARTS & BOXING ASSOCIATION LICENCE APPLICATION FORM (rev.4)

PLEASE PRINT IN BLOCK CAPITALS

STUDENT'S FULL NAME.....

ADDRESS.....

.....

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

HOME NUMBER.....MOBILE.....

AGE.....DATE OF BIRTH.....

STUDENT'S GRADE.....OR TICK IF A FIRST APPLICATION

**IF YOU ALREADY HOLD A BMABA LICENCE YOU MUST ENCLOSE YOUR EXISTING LICENCE BOOK ALONG WITH YOUR APPLICATION, REPLACEMENT LICENCE BOOKS ARE £8 IF REQUIRED.**

DATE OF ACHIEVED DAN GRADE AND WITH WHICH ORGANISATION .....

I accept that I am applying for a licence from the British Martial Arts & Boxing Association through Union Karate Do. I have read and agree to abide by the Rules and Constitution of Union Karate Do and do not know of any reason that could affect my club Membership being accepted. I am aware that Karate is a strenuous activity involving physical contact and that it is the responsibility of Members or their Parents or Guardians to ensure that they are medically fit to participate at all times and to accept that the potential for an accident or injury is a natural part of any physical sport or activity. If a parent or guardian is not present during training and the student is under the age of eighteen years and requires assistance or first aid, I give consent to the instructor to act "In Loco Parentis". Photographic and video images taken during training sessions may be shared via our Facebook page, e mail or website.

**NB: Please list any pre-existing medical conditions.....**

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**It is essential that all students have a licence as this is your insurance cover whilst training in martial arts which is a combat sport. It is important to ensure that it is valid and in date.**

THE LICENCE FEE IS £20. TICK THE RELEVANT WAY YOU WISH TO PAY

*Secure payment collected via Stripe*

*A cheque made payable to active martial arts North Devon*

*Cash*

**SIGNATURE.....DATE.....**

I, the above-named student, confirm that the details enclosed in this document are accurate and true to the best of my knowledge and I declare that I am fit to participate.

I, the parent/guardian of the above-named student (under 18) confirms that the details enclosed in this document are accurate and true to the best of my knowledge and I declare that the student is fit to participate at their own risk.

Please refer to our privacy policy under safeguarding at <https://www.unionkaratedo.com>.

**(Office use only) payment received  Date .....**