

White Tiger



MARTIAL ARTS

REGISTRATION, DISCLAIMER & APPLICATION FORM

Thank you for choosing to train with *White Tiger Martial Arts*. Please fill out your details below, as this is required to register you for training.

First Name.....Surname.....

Address.....Postcode.....

Telephone.....Mobile.....D.O.B.....

Email.....Occupation.....

Emergency contact name.....Telephone.....

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

If YES, which style and grade achieved?.....

Do you suffer from any illnesses? YES / NO If YES, please give details.....

Are you on any medication? YES / NO If YES, please give details.....

Do you have a criminal record? YES / NO If YES, please give details.....

How did you hear about White Tiger Martial Arts?.....

By signing this form I state that the above information is true and correct. I undertake to abide by the terms and conditions of White Tiger Martial Arts, as explained by its instructors. I accept that, 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 White Tiger Martial Arts into disrepute, knowing that failure to do so may result in expulsion. I am medically fit to undertake intensive physical training.

DECLARATION: “ *I promise to uphold the true spirit of White Tiger Martial Arts and martial arts in general. I promise never to 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. “*

Signature.....Date.....

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

Founders & Instructors - Damon & Sally Cooper

Registered Address: 10 Crossways Avenue, Goring by Sea, Worthing, West Sussex BN12 6LY
Telephone: 07704 071639 email: mail@whitetigerma.co.uk website: www.whitetigerma.co.uk
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