



TSG MMA

TEAM SURE GRIP MIXED MARTIAL ARTS

Application Form for Membership

Official Use: Budo Pass Number:

Note: NO LICENCE WILL BE ISSUED UNLESS ALL SECTIONS ARE COMPLETED FULLY / CORRECTLY.

1. Personal Details

Please Print Clearly

Name:			
Address & Postcode:			
Tel. No:		Date of Birth:	

2. Club Details

Please Print Clearly

Club Name:	Harlow TSG MMA Club		
Address & Postcode:			
Club Style:	TSG MMA		
Instructor:	Will Murley	Instructor Grade(s):	

3. Type of Licence Required

Tick One

Junior Student (Under 16)	<input type="checkbox"/>
Senior Student (16 & Over)	<input type="checkbox"/>
Instructor	<input type="checkbox"/>

4. Medical Details

If you have any of the following, tick and give details overleaf

Epilepsy	<input type="checkbox"/>	Heart Disorder	<input type="checkbox"/>
Haemophilia	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Contagious Disease	<input type="checkbox"/>	Respiratory Disorder e.g. Asthma	<input type="checkbox"/>

5. Background

Have you ever been convicted of, or are you due to stand trial for, a crime of violence **Yes / No** *

If Yes give details: _____

6. Declaration

I confirm that the details above given are true and correct.

I accept that the practice of Martial Arts / Combat Sports involves a risk of injury.

I enclose membership fee of £ _____

Signature:

Date:

Signature of Parent/Guardian

if under 16 years of age:

* Delete as appropriate