



**XCALIBER KARATE FEDERATION
STUDENT LICENCE / INSURANCE APPLICATION**

PLEASE COMPLETE THIS FORM FULLY IN BLOCK CAPITALS

Application for Junior Licence () Senior Licence () Male() Female ()

Full Name:.....Date of Birth.....

Address.....

.....Post Code.....

Telephone Number(.....).....Occupation.....

Martial Arts History: (Have you ever practised a martial art? If so, please give details including grade achieved, date grade achieved and association/instructor)

No
.....

Medical History: (Do you suffer from any of the following? Please tick the box provided)

Allergy (ies) () Asthma () Diabetes () Haemophilia () Heart Disorder ()

Hay Fever () Nervous Disorder () Respiratory Disorder () Migraine () Joint/Skeleton ()

HIV () Others () Please give details:.....

Criminal History: Have you ever being charged or convicted with any crime of violence? Yes ()

Details:.....No ()

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 the Xcaliber Karate Federation.

I accept that the practice of any martial art/ combat sport involves the risk of serious injury.

I enclose with this application;

- 1. One passport type photograph (if licence book is required)**
- 2. Required application fee**

Signed:.....(students 18 years plus)

Signed(Parent / Guardian of students under 18 years)

Date.....

**PLEASE HAND THIS FORM TO YOUR INSTRUCTOR/ CLUB SECRETARY,
SO IT MAY BE COUNTERSIGNED**

Club Registration Code

Chief Instructor/Club secretary Signature.....