

**JIKAN MARTIAL ARTS DOJO 慈館道場: Registration Form 3**  
**INSURANCE APPLICATION**



Tick as required	One year	1 <sup>st</sup> appl.	Renewal
<b>JUNIOR</b>	<b>£25.00</b>		
<b>ADULT</b>	<b>£25.00</b>		
BOOK REQUIRED? 1 <sup>st</sup> BOOK FREE REPLACEMENT £5.00	Y / N		

<b>Fee Received?</b>	
<b>License Number</b>	
<b>Date</b>	
<b>Receiving Officer's</b>	

Please complete form below in block capitals.

Surname.....Forenames .....

Gender ..... Ethnicity .....

Private Address .....

Postcode .....

Expiry date of previous license (if any) .....

Previous license number (if any) .....

Please give details of your last grading in space below:

Date	Place of examination	Grade awarded	Examiners name & grade

**Declaration to be completed by applicant:**

**I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE FORGOING DETAILS ARE CORRECT. IN THE EVENT OF MY BEING ACCEPTED, I WILL PURSUE MARTIAL ARTS PRACTICE WITH DEDICATION AND I WILL UPHOLD THE RULES AND VALUES OF JIKAN DOJO.**

**DISCLAIMER:**

Upon joining Jikan Dojo, you have joined a CONTACT SPORT group. It is your responsibility to keep your license up to date for your insurance purposes. Although Jikan Dojo instructors are fully qualified and covered by insurance, upon signing below you accept that accidents occur, and neither Instructors nor Jikan Dojo can be held responsible for any injury caused by your participation in this CONTACT SPORT.

Signed ..... Date .....

Date of birth.....

Signature of parent or guardian (if under 18) .....

**Important note:**

Any health problems or disabilities must be declared (e.g. Asthma, epilepsy etc)

.....  
.....

1) Complete form.

2) Please indicate your payment option.

☐ Cash payment

☐ Paypal payment via Member's Area of club website

☐ Sponsored (Only if approved by the Chief Instructor)

3) Submit form in class and make payment as indicated above.

**INSTRUCTOR USE ONLY**

Members Area Login Issued?

Yes / No

Attendance Register Updated?

Yes / No