



Annual Membership Application

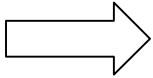
Document A-1

Paid

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School
Code

Please Fully Complete Sections 1, 2 and 3 as indicated by the Arrows, writing Clearly and Legibly. Parent/Legal Guardian is to complete on behalf of the Applicant if they are under 18 years of age.



Section 1 - Personal Details

SURNAME: _____

FORENAME: _____

DATE OF BIRTH: ____ / ____ / ____ MALE / FEMALE

ADDRESS: _____

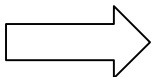
TOWN: _____

POSTCODE: _____

PHONE NUMBER: _____

Have you ever studied Self Defence or Martial Arts Previously? Y / N

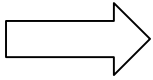
Have you ever been convicted of a criminal offence against other people or person(s) either in the United Kingdom or overseas? Y / N



Section 2 - Medical Questionnaire

This section will be treated in Strict Confidence. If the answer to any of these questions is "Yes" or you are unsure, please give details below:

1. Do you currently suffer with any medical problems for which you are currently undergoing treatment or taking medications? Y / N
2. Are you taking any prescription medications at present? Y / N
3. Do you suffer with any allergies to tablets or medications? Y / N
4. Have you ever been refused membership of any gymnasium, health club, sports club or organisation connected with physical training, on health grounds? Y / N
5. Do you presently or have you ever previously suffered with any of the following disorders: Heart Disease? High Blood Pressure? Asthma? Back Pain? Arthritis? Joint Injuries or Problems? Neck or Head Injuries? Breathing Disorders? Mouth braces, crowns or loose teeth? Y / N



Section 3 – Terms, Conditions & Legal Disclaimer

Please read this section very carefully – It contains important Legal information that you must read and understand before signing. If you have any questions, please speak to the Instructor before Signing. You may not train at this Class without fully completing this form.

"I, _____ (Applicant or Legal Guardian if under 18 years of age), understand that training in Martial Arts is difficult and is a physical challenge. I accept that I may sustain injury and experience muscle, back, joint & skeletal pains as a result of training, which may interfere with my normal regular activities. This may be more apparent if I have never trained in physical exercise before.

I accept that class activities may be hazardous and carry a risk associated with their practice and may result in time off from work / school / college / university or any other activity which would otherwise be beneficial to me.

I therefore release, discharge and hold harmless NTX Schools, their Instructors and their respective Assistant Instructors, Agents, Contractors and Employees from any demands, damages, claims, rights of action or causes of action, present or future, arising from, out of or connected with my participation in this or any exercise program, or any injuries resulting there from.

I accept that Membership of NTX Schools is not transferable to any other Martial Arts Organisation, Gym or Sports Club. I accept that I am not insured with NTX Schools for any training that I undertake without an NTX qualified Instructor being present.

I agree to participate in the designated Training Programme as described by the Instructor, which includes progressively increased commitment to training and participation in Regular Grading Examinations. I accept that any fees paid for Membership or Training costs are non-refundable under any circumstance."

Please sign to say that you have read and understood all of the information above

Signed : _____
(Applicant or Legal Guardian if Under 18 years of Age)

Print Name: _____ Date: _____

Section 4 – Instructors – TO BE COMPLETED BY INSTRUCTOR

Confirm Full Name: _____

New or Renewal

Confirm Date of Birth: _____

Instructor Signature: _____ Date: _____

Section 5 – Administration – TO BE COMPLETED BY ADMINISTRATION

Date Application Received: _____ Approved: Y / N

<p>School Code: _____ Membership Number: _____</p> <p>Membership Expiry Date: _____</p>
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