



## BIKMA Student Licence Application Form

Please Use Block Capitals

### Personal Details

<b>Full Name:</b>	
<b>Date of Birth:</b>	<b>Telephone:</b>
<b>Address:</b>	
<b>Occupation:</b>	
<b>Previous BIKMA Licence Expiry Date:</b>	

### Previous Experience (if applicable)

<b>Any previous Martial Arts Experience:</b> Y/N
<b>If Yes Please give brief details (Style, Grade &amp; Examiner)</b>

### Medical Details

**Please tick if you suffer from any of the following:**

<b>Allergies</b>	<b>Hemophilia</b>	<b>Migraine</b>
<b>Asthma</b>	<b>Hay Fever</b>	<b>Diabetes</b>
<b>Heart Problems</b>	<b>Respiratory Problems</b>	<b>Epilepsy</b>
<b>Other Details:</b>		
<b>Details of Regular Medication:</b>		

### Declaration

<b>Have you ever been convicted for a crime of violence:</b> Y/N
<b>If Yes please give brief details:</b>

**I accept the practice of any Martial Arts / Combat Sport involves the risk of serious injury:**

Signature.....  
Signed by parent of guardian if under 18

**Please hand this form to your instructor with the appropriate fee**

### Office use only

<b>Club Code:</b>	<b>Fee:</b>
<b>Instructor Signature:</b>	