



Streetwise
MARTIAL ARTS & FITNESS STUDIO

LICENCE APPLICATION & RENEWAL FORM

Application And Renewal Form	WUMA LICENCE AND FULL MEMBERSHIP	OFFICIAL USE ONLY Licence Number; _____ Expires; _____
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All sections must completed clearly using block capitals

Is this your 1st licence application YES/NO if no, **Old licence number:** _____ **Expires;** _____

Name: _____ **Occupation:** _____

Email: _____

Post Code: _____ **Telephone:** _____ **Date of Birth:** _____

Club Name & Address: Streetwise Self Defence Ltd. 13 Ross Gate, Hemel Hempstead, Herts, HP1 3LG.

Instructor: Richard A Farmer HOF, WBOB, IBU. 6th Degree Black Belt. Founder & Senior Instructor / Examiner

Your Present Grade: _____ **Grading Date:** _____

Style of Martial Art: _____ **Examiner:** _____

DECLARATION

I understand I have to fully complete the above clearly to be eligible for my WUMA Federation Insurance.
I understand that all safety regulations should be adhered to and safety equipment worn during training times.
I declare that to the best of knowledge there are no incidents that might give rise to a claim.
I certify that all the information above is correct and that I must adhere to the student code at all times.

Sign/Parents signature if under 18 years of age: _____ **Date:** _____

Insurance Type: Student, Instructor, Black Belt, Indemnity, or Teachers Certificate

Please answer the following questions as accurately as possible. Tick appropriate box	Yes	No
Has your Doctor ever stated you have; heart disease, high blood pressure, or any other cardiovascular problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever have pain in your heart and chest especially associated with minimal effort?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any drugs / medication at the moment?	<input type="checkbox"/>	<input type="checkbox"/>
Are you recuperating from a recent illness or operation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you often feel faint, get headaches or dizzy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from pain or limited movement in any joints, which might be aggravated or made worse with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Are you now or have you recently been pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other medical condition, which you think might affect your ability to participate in exercise?	<input type="checkbox"/>	<input type="checkbox"/>

How would you describe your current physical condition?

Poor	Below Average	Average	Fit	Very Fit
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Should your health status change please inform your instructor