

# British Budo Federation



## Licence Application Form



**SURNAME** .....

**FORENAMES** .....

**ADDRESS** .....

.....

**POST CODE** ..... **TELEPHONE NUMBER(S)** .....

**DATE OF BIRTH** ..... **PLACE OF BIRTH** .....

Do you suffer from any of the following? Migraine, epilepsy, hay fever, heart disorders, nervous disorders, haemophilia, diabetes, respiratory problems (e.g. asthma.) YES / NO (please delete as appropriate)

Are there any other medical conditions that need to be brought to our attention? YES / NO (please delete as appropriate)

If you have replied YES please identify the condition(s)

.....

Are you currently undergoing any medical treatment that may need to be brought to our attention? YES / NO (please delete as appropriate)

If you have replied YES please identify the condition(s) and the Doctor's details

Condition ..... Name of Doctor ..... Telephone .....

Have you ever been convicted of a crime of violence? YES / NO (please delete as appropriate)

If yes briefly state detail of offence(s) and dates

.....

### DECLARATION

I hereby apply for Membership of the British Budo Federation and if accepted I agree to abide by the rules and regulations of the Federation. I fully understand that failure to do so will result in the termination of my membership and the withdrawal of my licence. I also confirm that my instructor has explained to me the training methods used in Martial Arts. I accept that the practice of Martial Arts involves risk of injury.

I further agree that I shall not make any false claims against the British Budo Federation insurance policy other than legitimate representations as a result of an accident or incident occurring at an official British Budo Federation club and whilst I remain a full member of the British Budo Federation. I fully understand that it is my duty to ensure that my British Budo Federation licence is up to date, failure to do so will result in a no claims status.

I certify that all the above information given is correct

Signature of Applicant ..... Date .....

Signature of Parent or Guardian if under 18 yrs, as the parent or guardian I give consent to the above named person and I have been informed of the nature and potential risks involved by the club instructor.

..... Date .....

### **FOR OFFICIAL USE: NAME and ADDRESS OF CLUB:**

.....

.....

**MEMBERSHIP ACCEPTABLE YES/NO SIGNATURE OF CLUB COACH** .....

**DATE** .....

**BBF LICENCE NUMBER AWARDED** ..... **EXPIRY DATE** .....

**IF APPLICABLE CURRENT GRADE** .....

**IF APPLICABLE COACHING AND OTHER EXPERIENCE**

.....

.....