

KMSD (NW) Student Enrolment Form

Your Student Details		
Full Name	Date of Birth:	Age:
Full Address		
Postcode		
Telephone No:	Mobile No:	E-Mail:
Emergency Contact Details		
Full Name	Contact Telephone	
Medical History		
When did you last have a full Medical	Date:	
List any medical conditions and/or ailments:		
List any medical treatments and/or special requirements:		

PLEASE TICK THE APPROPRIATE

	Yes	No
Does the above named student have any criminal convictions? If yes please give details on a separate sheet of paper.		
Would the above named student agree to take a police check? If no please give details on a separate sheet of paper		
All reasonable precautions are taken to ensure safety at all times in training. Although unlikely, the risk of injury still exists. Do you accept these risks?		
In line with the above precautions KMSD (NW) insist that all students acquire member-to-member insurance at a cost of £10.00 and recommend some basic protective equipment; namely groin protection, gum shield, eye protection, forearms pads, sparring mitts and shin pads. Do you accept these recommendations? (For more information regarding acquiring these items please feel free to speak to a member of staff)		
Some of the training techniques used in the teaching of self-defence at KMSD (NW) are intended to replicate realistic scenarios and as such may ask a student to go beyond his or her own physical and mental limits/boundaries. Do you accept that there is no compulsion on you to participate in these techniques if you so choose?		
Do you understand that in law the use of martial arts/self-defence is available only as a defence to crimes committed by use of force; and that any person may use such force as is only reasonable in the circumstances for the purposes of: self-defence; or defence of another; or defence of property; or prevention of crime; or lawful arrest?		

Declaration & Release

*** Delete as applicable**

I have read and completed the above form and understand the content. I am the *Person /*Parent of /*Guardian of the person named above and hereby release, remise and forever discharge from any responsibilities, claims and liabilities whatsoever without limitations that I might have against KMSD (NW), their employees and the owners of the property on which the training is being conducted.
Date: _____ Signature: _____ Print Name: (if not the above) _____
<i>For Office use only</i> Instructors Details Photo Taken <input type="checkbox"/>