

## Course Application Form

Please notify Defensive Arts of your intention to join a course so we can reserve a place for you. Please do not simply turn up as the course may be full.

Bring this form with you to the course venue if you do not have any medical issues (see below). If you do have any medical issues you **must** notify Defensive Arts prior to attending the course. Staff or Students of any educational body should bring along their ID cards with you.

I would like to join the Self-Defence course which begins on \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact (name and number) \_\_\_\_\_

Medical Conditions\* \_\_\_\_\_

\* including Arthritis, Asthma, Heart Disease, Diabetes. If you are currently under any medical treatment and are in doubt you must notify us and seek prior approval from your doctor. **If you are a survivor of an assault in the past please contact André (0774 7787299) in confidence to discuss any possible triggers which might affect you.**

Disclaimer: I understand that I am taking part in a potentially dangerous activity and I confirm that I do so at my own risk and that no responsibility whatsoever shall attach to my instructor or to Defensive Arts for any injury or damage suffered. I will also act with due care to ensure my safety and that of my fellow students.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Course Payment attached.**

Defensive Arts ~ Tel 0774 7787299

[www.defensivearts.co.uk](http://www.defensivearts.co.uk)

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