

Defensive Arts

Self-Defence Course Application Form

Please notify Defensive Arts by Messenger, email or phone (0774 7787299) 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 email this form to defensivearts@hotmail.co.uk or bring it 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 _____ at the (venue) _____.

First Name _____ Surname _____

Tel _____ Mobile _____

Medical Conditions* _____ Age _____

Address _____

Email _____

Emergency Contact: Name _____ Phone _____

*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 is by Cash, Cheque or card on the day.

Defensive Arts ~ Tel 0774 7787299
defensivearts@hotmail.co.uk
www.defensivearts.co.uk