



MEMBERSHIP AND AMA LICENCE APPLICATION FORM

THE WING CHUN SCHOOL MEMBERSHIP AND LICENCE FEE P/A: ADULT £50 (16yrs and above) CHILD £30

MR MRS MISS MS ADULT CHILD

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

TOWN: _____ POSTCODE: _____

DATE OF BIRTH: / / DISABILITY: YES NO

IF 'YES' PLEASE STATE HERE:

TWCS BRANCH: _____ INSTRUCTORS NAME: _____

DATE COMMENCED: / /

SIGNED (to be signed by parent/ guardian if under 16 years of age)

DATE

OFFICIAL USE ONLY

ADULT CHILD STUDENTS NAME _____

MEMBERSHIP & LICENCE PAID DATE PAID _____

LICENCE NOS _____ DATE OF EXPIRY _____

MEDICAL INFORMATION

YES NO

Have you/your child undergone any surgery within the last 6 months?
(If 'YES' please add details in the box below)

Have you/your child ever been diagnosed with any form of a heart problem?
(If 'YES' please add details in the box below)

Do you/your child suffer from high blood pressure?

Do you/your child suffer from asthma?

Are you/your child currently taking any medication?
(If 'YES' please add details in the box below)

Please use this box to add any information which may be relevant to your/your child's training e.g any learning difficulties Autism, ADHD, Global learning delay.

CONTACT INFORMATION

Your contact details are for our use only in the event of emergency contact or other aspects of an individual's training. Please try to add both numbers so we have sufficient emergency contact details. Email addresses will only be used by us to keep you updated with the latest The Wing Chin School information.

HOME TEL NO.	
MOBILE NO.	
EMAIL.	

DECLARATION

I promise to not use any of the skills I am taught outside of the school except in self-defence. I will never provoke an attack in thought or in deed. I promise to uphold the true spirit of a martial artist.

PLEASE NOTE: The Wing Chun School (TWCS) has the right to terminate any student's membership if rules are not upheld. Students with special needs are advised to contact the relevant branch for further details to ensure the suitability of Wing Chun training. Whilst TWCS will do their best to accommodate individual needs, the branch instructor may refuse membership to individuals for the safety of all other students and instructors.

All information held on this form is held in confidence by TWCS. Occasionally photographs may be taken during training and may be used on TWCS website.

Please tick this box if you/your child do not wish to appear in photographs.

SIGNED (to be signed by parent/guardian if under 16 years of age)

..... DATE: / /