



Membership and Disclaimer Form

Name: _____

Address: _____

Phone: _____ DOB: _____

Occupation: _____ Email: _____

Do you have an illness/injuries that may affect your ability to take part in physical activity. Please specify.

Reasons for commencing Martial Arts/Fitness training.

Have you studied any other Martial Arts previously. If yes please give details.

How did you hear about us

I have read Martial Arts Incorporated's terms and conditions and agree to abide by all club rules and regulations

Signed: _____ Date: _____

If you are under 18 years of age please make sure the form is completed and signed by a Parent or Guardian.