



# TSM MARTIAL ARTS

強さ 真実 名誉

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*Registered with*

NAKMAS (National Association of Karate and Martial Arts Schools)

## **MEMBERSHIP / LICENCE / INSURANCE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have any previous Martial Arts experience? \_\_\_\_\_

Do you suffer from any illness? \_\_\_\_\_

Do you have a criminal record? \_\_\_\_\_

### **ALL MEMBERSHIP/LICENCE FEES MUST BE PAID IN FULL AND GIVEN IN WITH THIS FORM**

I, the undersigned, state that the above information is true and correct. I also promise to abide by the rules of TSM MARTIAL ARTS, as laid down by my instructors. I also realise that my instructors are not legally responsible for any accidents and injuries that may result from my training at their clubs. I also promise never to use the skills I have been taught by TSM MARTIAL ARTS against persons, except for self defence or the defence of others in the instance of extreme danger or unprovoked attack, or in the support of law and order.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(PARENTS SIGNATURE IF UNDER 18 YEARS OLD)

**N.B. ALL MEMBERSHIP FORMS MUST BE SIGNED!**

TSM MARTIAL ARTS OPERATES  
CHILD PROTECTION POLICY / DATA PROTECTION POLICY / CRIMINAL RECORDS POLICY