

MASTER SKEN ASSOCIATION

Member to Member insurance form

New or Renewal

NAME:

HOME ADDRESS (LINE 1):

CITY / TOWN:

COUNTY:

POST CODE:

COUNTRY:

DATE OF BIRTH:

E-MAIL:

TELEPHONE NO.:

MOBILE TELEPHONE NO.:

OCCUPATION:

WHY DO YOU WANT TO TRAIN MUAY THAI?

SELF DEFENCE

GRADING / INSTRUCTOR

COMPETITION

HEALTH / FITNESS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

HAVE YOU SUFFERED ANY SERIOUS ILLNESS OR INJURY?

HAVE YOU BEEN CLEARED BY A DOCTOR TO SAY YOU ARE FIT AND HEALTHY TO TRAIN IN ANY PHYSICAL TRAINING ACTIVITY?

Yes No

SIGNATURE OF STUDENT:

DATE:

SIGNATURE OF PARENT (IF STUDENT IS UNDER 18)

DATE:

SIGNATURE OF INSTRUCTOR:

DATE: