



New Student Personal Details Form

Surname: _____

Forename(s): _____ Date of Birth: _____

Address: _____
_____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Have you practised a martial art before? YES/NO

If yes, give details of style/form: _____ Years practiced: _____

Do you suffer from any of the following medical conditions?

If yes, please circle the condition and give further detail on the reverse of the form.

HAEMOPHILIA	EPILEPSY	NERVOUS SYSTEM DISORDERS
HEPATITIS	DIABETES	PSYCHOLOGICAL DISORDERS
HEART DISORDERS	HIV / AIDS	RESPIRATORY DISORDERS
BLOOD DISORDERS	Others: _____	

Name of next of kin: _____ Your relationship to next of kin: _____

Next of kin telephone: _____

What is your reason(s) for training (please circle)?

- COMPETITION
- WEIGHT LOSS
- FITNESS
- SELF PROTECTION
- CONFIDENCE
- SOCIALISE

I confirm that the information that I have given is correct and that my Instructor has explained to me the training methods used in the Martial Art of Muay Thai. I accept that the practice of Martial Arts involves a risk of injury. I have read the Gym Rules, Code of Conduct and Risk Assessment.

Applicant's signature: _____ Date: _____

Parent / Guardian's declaration (to be completed for all applicants under 18 yrs of age).

I confirm that I consent to the above training, and that I have been informed of the nature and potential risks of Martial Arts training by the Club Instructor. I have read the club rules, code of conduct and risk assessment.

Parent / Guardian signature: _____ Date: _____

Data protection—this information is solely for health and safety requirements at the Bury St Edmunds Phraya Pichai Muay Thai Camp, and will not be passed onto any third party other than to the United Kingdom Muay Thai Federation (UKMF) for licensing and insurance.