

**WAKOGB Student Licence Application Form
SloughCobras Kickboxing**

Please use block capitals

Male () Female ()

Full Name: Date of Birth:

Address:.....
.....

Telephone Number: Email Address:

Occupation:

What are your goals, aims & aspirations with regards to Kickboxing? i.e. to improve my fitness, to become an accomplished martial artist

.....
.....

Have you ever practiced a Martial Art? Yes / No

If yes, please give brief details including affiliations, grade obtained & the examiners name & club

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Previous WAKOGB Licence Expiry Date:
.....

Do you suffer from any of the following? Please tick if appropriate:

- | | | |
|---|-------------|----------|
| Allergies | Haemophilia | Migraine |
| Asthma | Hay Fever | Diabetes |
| Heart | Respiratory | Epilepsy |
| Any other details that we may need to know? | | |

.....

Details of any regular medication:

Have you ever been convicted of a crime of violence Yes/No

If yes, give brief details.....

I accept that the practice of any Martial Art/Combat Sport involves the risk of serious injury

Students signature:

Please note: Students under 18 Parent / Guardian must sign

Your Instructor Sensei Junior A Senior

www.SloughCobras.com
Contact on 07770 302790

Email us at Junior@SloughCobras.com

Hand this form to the Instructor ASAP.

Club Code: Instructor Signature: