



New Student – Registration Form

First Name(s)

Surname

Mobile Telephone Number

Email Address

Postal Address

Age

	Please tick
Under 16	<input type="checkbox"/>
16 – 25 years	<input type="checkbox"/>
26 – 40 years	<input type="checkbox"/>
41 – 60 years	<input type="checkbox"/>
60 +	<input type="checkbox"/>

Please tick

I have no medical conditions that will affect my ability to train safely

<input type="checkbox"/>

Emergency Contact

Name

Telephone Number

Date

Signature

For use by Sensei McGreechin

Licence Number

Date of issue
