



# CHAO PHRAYA MUAY THAI LICENCE APPLICATION FORM



When you participate in a martial art such as Muay Thai, it is important to acquire a licence. There are several reasons for this: firstly, you can be reassured that you are covered by a comprehensive insurance policy. Secondly, all courses and tournaments will be recorded in your licence book and finally, all members receive substantial discount off lessons and some equipment.

USUAL GYM LOCATION: **LINCOLN** NAME OF INSTRUCTOR: **KRU LEIGH EDLIN**

**PLEASE COMPLETE IN BLOCK CAPITALS**

NAME .....

ADDRESS .....

POST CODE ..... TELEPHONE ..... MOBILE .....

EMAIL ..... DATE OF BIRTH .....

TWITTER @ ..... FACEBOOK [www.facebook.com/](http://www.facebook.com/) .....

Do you suffer from any disease, illness, disability or other disorder, which may expose you or others to risk during the practice of Thai Boxing? **YES** or **NO**

If yes, please give details .....

.....

**I (your full name)** .....

am fully aware that the practice of Thai Boxing, also known as Muay Thai, due to its nature as a combative sport may be dangerous. I therefore agree to take part in Thai Boxing training, contests and allied activities, entirely at my own risk. I also agree that I shall not hold responsible the club, instructors/officials, any agents or representatives of the aforementioned, for any personal injury, loss or damage to any property whether or not resulting from negligence, default, wilful act and omission or otherwise.

**SIGNATURE** ..... **DATE** .....

CLUB REPRESENTATIVE SIGNATURE .....



# CHAO PHRAYA MUAY THAI HEALTH CHECK



**PLEASE COMPLETE IN BLOCK CAPITALS**

NAME .....

DATE OF BIRTH .....

WEIGHT ..... HEIGHT ..... AGE .....

Please answer the following health questions honestly;  
a Doctor's certificate may be required in some circumstances prior to participation.

1. Do you have high or low blood pressure? **YES / NO**
2. Is there a history of heart disease in your family? **YES / NO**
3. Are you currently taking any medication? **YES / NO**
4. Are you diabetic? **YES / NO**
5. Do you have angina? **YES / NO**
6. Do you have arthritic or joint problems? **YES / NO**
7. Have you recently undergone surgery? **YES / NO**
8. Do you smoke? **YES / NO**
9. Are you easily out of breath? **YES / NO**
10. Are you asthmatic? **YES / NO**

If you have answered YES to any of the above questions, please give details:

.....  
.....

## DECLARATION

To the best of my knowledge, the above information is true.

**SIGNATURE** ..... (Student) **DATE** .....

**SIGNATURE** ..... (Student) **DATE** .....

### OFFICIAL USE ONLY

- |                    |                       |
|--------------------|-----------------------|
| LICENCE BOOK       | <input type="radio"/> |
| PHONE DETAILS      | <input type="radio"/> |
| GROUP CONTACT      | <input type="radio"/> |
| INSURANCE REMINDER | <input type="radio"/> |
| INSURANCE LOG      | <input type="radio"/> |

(LICENCES ARE NOT TRANSFERABLE OR REFUNDABLE)