



## JOINING RULES

After your trial session, if you wish to become a member of the academy and you meet our requirements, the following procedures must be followed.

**License/Membership:** All new and re-joining members must complete an application form in block capitals and give all details as requested and sign the declaration. one passport sized photographs are required for ID. Every martial arts association has a licensing system. Our licences include membership to the National Governing Body, our association and training insurance. This allows the student to compete in various competitions, and obtain internationally recognised grades.

**Annual Renewal Fee:** All Academy members are required to pay an annual renewal fee of **£20.00** this is required to maintain your MMA membership and personal insurance. The annual renewal fee is due 12 months after you join the academy and every 12 months thereafter.

**Uniform:** Within the first two lessons you are expected to purchase an MMA Uniform and Boxing gloves.

**Missed Payments:** Fees are due at the beginning of each month. It is important that you pay your class monthly fees and membership fees on time; missed payments will result in the refusal to attend classes and may result in the cancellation of your membership.

### Parents/Carers

- Deliver and collect your child punctually before and after classes.
- Ensure that proper uniform and protective equipment are worn.
- Show appreciation and support to Maiwand Martial Arts staff.
- If you have other children with you please make sure they are well behaved as to not disrupt classes in session. Also loud talking is not permitted while class is in session and cell phones should be turned off or put on vibrate.
- ANY cameras or mobile phones with cameras taking any pictures or video are not permitted so anybody who taking any pictures or video without permission will be asked to leave the class.

**Media Declaration:** I agree to allow photos/film footage of my child to be used for the purpose of positively promoting (MMA) I understand that any photos /film footage may be used in **MMA** websites or in local clubs media. I reserve the right to instruct **MMA** to cease using photos/film footage in any new material at anytime during this period.

**Signed:** .....

**(Parent/Guardian) Full Name:** .....

*(if applicant is under 18 years, this Application must be signed by the parent or guardian, in presence of an Maiwand Martial Art Official.*

**Declaration:** I understand that there may be a risk in learning and practicing Maiwand Martial Art by which it is possible to get injured from time to time. In joining Maiwand Martial Art, I hereby absolve all Maiwand Martial Art Instructors and Students from any liability of any loss or injury, which I may sustain while practicing, being thought or competing in it. I clearly understand that my participation in Maiwand Martial Art is entirely at my own risk.

I further undertake to abide by the rules and regulation of Maiwand Martial Art if I would be accepted as a trainee and that the Instructor has the right to suspend any Student from the class.

I hereby also accept that I have no criminal record and confirm that I do not suffer from any illness, disease or any other mental and physical disorder, which can stop me from practicing Maiwand Martial Art.

**Signed:** .....

**(Parent/Guardian) Full Name:** .....

*(if applicant is under 18 years, this Application must be signed by the parent or guardian, in presence of an Maiwand Martial Art Official*





## MMA LICENSE APPLICATION FORM

www.maiwand.ltd

www.maiwandmartialarts.com

### PREVIOUS LICENSE

The applicants renewing their license must complete this box.

New  Renewal on time  Renewal 1-3

Maiwand Membership

Maiwand License

License Expiry date

FIRST NAME

Branch

SURNAME

Male  Female

DATE OF BIRTH

Age

NATIONALITY

FULL ADDRESS

Post code

### EMERGENCY CONTACT

Parents Name

Home Number

Mobile Number

Email

### MEDICAL CONDITIONS

Does he or she suffer from allergies or medical problems please tick.  
Yes  NO  My Young person is in good health to the best of my knowledge and I consider him/her fit to take part in this class.

If is Yes Please Give Full Details

CURRENT GRADE  White /Green  Full Green  White/Red  Full Red  White/Black  Black Belt

Date of Last Exam

Maiwand Certificate No

## APPLICANT DECLARATION SECTION

I acknowledge that I have been informed of the potential risks of practicing Maiwand Martial Arts. I apply for membership of Maiwand martial arts and agreed to comply with the rules and regulations of the organization.

Signature

Date

## INSTRUCTOR DECLARATION SECTION

CLUB NO  CLUB NAME

INSTRUCTOR NAME

Signature

Date



Contact us on: +44 (0)788 6363570

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