



**Streetwise**  
MARTIAL ARTS & FITNESS STUDIO

## LICENCE APPLICATION & RENEWAL FORM

Application And Renewal Form	WUMA LICENCE AND FULL MEMBERSHIP	<b>OFFICIAL USE ONLY</b> Licence Number; _____ Expires; _____
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**All sections must completed clearly using block capitals**

Is this your 1<sup>st</sup> licence application YES/NO if no, **Old licence number:** \_\_\_\_\_ **Expires;** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Club Name & Address:** Streetwise Self Defence Ltd. 13 Ross Gate, Hemel Hempstead, Herts, HP1 3LG.

**Instructor:** Richard A Farmer HOF, WBOB, IBU. 6th Degree Black Belt. Founder & Senior Instructor / Examiner

**Your Present Grade:** \_\_\_\_\_ **Grading Date:** \_\_\_\_\_

**Style of Martial Art:** \_\_\_\_\_ **Examiner:** \_\_\_\_\_

**DECLARATION**

I understand I have to fully complete the above clearly to be eligible for my WUMA Federation Insurance.  
I understand that all safety regulations should be adhered to and safety equipment worn during training times.  
I declare that to the best of knowledge there are no incidents that might give rise to a claim.  
I certify that all the information above is correct and that I must adhere to the student code at all times.

**Sign/Parents signature** if under 18 years of age: \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insurance Type: Student, Instructor, Black Belt, Indemnity, or Teachers Certificate**

<b>Please answer the following questions as accurately as possible.</b> Tick appropriate box	Yes	No
Has your Doctor ever stated you have; heart disease, high blood pressure, or any other cardiovascular problems?		
Do you ever have pain in your heart and chest especially associated with minimal effort?		
Are you taking any drugs / medication at the moment?		
Are you recuperating from a recent illness or operation?		
Do you often feel faint, get headaches or dizzy?		
Do you suffer from pain or limited movement in any joints, which might be aggravated or made worse with exercise?		
Are you now or have you recently been pregnant?		
Do you have any other medical condition, which you think might affect your ability to participate in exercise?		

<b>How would you describe your current physical condition?</b>				
Poor	Below Average	Average	Fit	Very Fit

**Should your health status change please inform your instructor**