

WINDRUSH BOXING AND KICKBOXING LICENCE APPLICATION AND RENEWAL FORM

Full Name	_____	_____	_____	_____		
Current Grade	_____	Date of Birth	_____	Sex (Circle)	M	F
Address	_____	_____	_____	Post Code	_____	_____
Email address	_____	_____	_____	Phone Number	_____	_____
Licence Number	_____	_____	_____	Expiry Date	_____	_____
Application	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Paid (£25)	<input type="checkbox"/>	Please tick

Declaration - I have completed the above to the best of my knowledge to entitle me to public liability insurance. I understand that all safety regulations during training should be adhered to and safety equipment used at all times. I declare that to the best of my knowledge and beliefs there are no known incidents outstanding that might give rise to a claim. I certify that all the information given above is correct. I understand that I must adhere to the Student Code of Conduct at all times