

Master Sken Association

Member to Member insurance form New Renewal

Student Name: _____ Current Grade: _____

Home Address: _____

Town: _____ City: _____

County: _____ Country: _____

Post Code: _____

Date of Birth: _____

Email: _____ Contact Phone No.: _____

Emergency Phone No.(s): _____ / _____

Occupation: _____

WHY DO YOU WANT TO TRAIN MUAY THAI?

Self Defence:
Grading/Instructor:
Competition:
Health / Fitness:

HAVE YOU SUFFERED ANY SERIOUS ILLNESS OR INJURY? Yes No

If you answered yes to the above question, please give details:

If you answered Yes to the above..... **Have you now been cleared by a doctor to say that you are fit and health to train in any physical training activity?** (We may require you to provide evidence, e.g; a letter from your G.P)

Yes No

Signature of Student:

Signature of Parent (if under 18)

Signature of MSA Instructor:

Date: