

英国又吉 古武道協會

MATAYOSHI KOBUDO ASSOCIATION OF GREAT BRITAIN

Title:		Telephone:	
Forename:		Email:	
Surname:		Date of Birth:	
Address:		Relevant Martial Arts Experience:	
Country of Residence:		Nationality:	

Please disclose any medical information that may affect your training here:	
Please disclose any criminal convictions here:	

Declaration: I hereby accept that the martial arts are a dangerous activity. I take full personal responsibility for any injury caused to myself or others as a result of my actions. I will not hold the Matayoshi Kobudo Association of Great Britain responsible for any injuries I receive. I am an adult who participates in Matayoshi Kobudo willingly and I am fully aware of the risks involved. I am responsible for maintaining my own equipment and ensuring that it is always fit for use and not broken. If my application is accepted I agree to be bound by the rules of the association. I declare that all the information given above is true.

Signature _____ Date _____

ASSOCIATION FEE and PAYMENT

The annual fee is **£25** payable in January. Payment should be made either direct into the association PayPal account or by bank transfer:

Acc Name: Matayoshi Kobudo Association of Great Britain
Sort code: 309897
Account no: 36302460
PayPal: treasurer@matayoshikobudo.org.uk

Please complete this form and email it to: secretary@matayoshikobudo.org.uk