



COBRA MARTIAL ARTS ASSOCIATION

(C.M.A.A)

HEAD OFFICE

24 CORPORATION ROAD

AUDENSHAW

MANCHESTER M34 5LP

TEL: 07909 673 894

WEBSITE: www.cmaa.co.uk

PLEASE NOTE YOUR LICENCE & INSURANCE ARE ONLY VALID WHILST YOUR CLUB REMAINS A FULL MEMBER OF C.M.A.A. AND WILL EXPIRE SHOULD IT LEAVE.

FULL NAME _____

ADDRESS _____

TEL. No. _____ OCCUPATION _____

DATE OF BIRTH _____ GRADE _____ KYU/KUP _____ Dan. LICENCE No. _____

CLUB NAME: _____ INSTRUCTOR: _____ FEE: £ _____

STYLE: _____ RENEWAL NEW MEMBER

Application for Member / Member and Public Liability Insurance

This is not a Personal Injury Policy. It provides cover in the event that you should damage property or injure another student during training. It will not pay benefits should you be off work for a length of time as a result of an injury sustained during training. For further information contact C.M.A.A.

Have you or do you have any serious illness?

Have you ever suffered any serious injury?

I the trainee indemnify the above club in respect of any injury caused to another member or against losses caused to the club by any act of mine or default. I the trainee understand that the training and practice of the martial arts can be dangerous and I agree personally to bear all losses caused by injury whilst engaged in it.

NOTE: You are reminded of the C.M.A.A. bylaws which state that the annual renewal of the Licence is your responsibility and that out of date applications will be back dated.

I agree whilst I am a member of the above named Club within the Cobra Martial Arts Association that this form will be signed every year and will be acceptable for further licensing applications, which will be shown in my CMAA licence book.

Signature (under 18 parent only) _____ Date _____

(PLEASE MAKE ANY CHEQUES PAYABLE TO YOUR INSTRUCTOR. Thank you.)