

IMA	
Processed	



# Independent Martial Arts

Co-Founders and Directors Master Kevin Summers 6<sup>th</sup> Dan & Mr. Graham Lambert 5<sup>th</sup> Dan  
ITF / WTF style Tae kwon Do, Seminars, Self defence, R.A.P.E defence, certification

## New Application / Renewal for IMA Membership & Insurance

**Please use BLOCK capitals and complete EVERY field.**

Mr, Mrs, Miss, etc: ..... Surname: ..... First name(s): .....

Address: .....

.....

..... Post code: .....

Email: (optional): .....

Telephone No: ..... Date of birth: .....

Club: ...Hamstead Dragons..... Instructor: Mr T. Collingwood. ....

IMA Licence number (renewals only): ..... Expiry date: .....

Have you practised a martial art before? YES  NO

If YES, please give details:

.....

Have you ever been convicted of a criminal offence? YES  NO

If YES, give brief details: .....

Do you suffer from any of the following medical conditions? If yes please circle/highlight the condition and give further details on the back of the form.

- |             |                 |   |
|-------------|-----------------|---|
| HAEMOPHILIA | EPILEPSY        | NERVOUS SYSTEM DISORDERS                              |
| HEPATITIS   | DIABETES        | PSYCHOLOGICAL DISORDERS                               |
| HIV / AIDS  | HEART DISORDERS | RESPIRATORY DISORDERS<br>(eg. Asthma, Hay Fever, etc) |
| DYSLEXIA    | BLOOD DISORDERS | OTHER   |

**\*NB:**  
Completion of form IMA 2 is also compulsory for anyone declaring a heart condition.

Other declared health conditions, may, at the Instructors discretion, also require completion of form IMA 2

**PHOTOGRAPHY DISCLAIMER:** I understand that IMA and its individual Instructors may at times make use of photographic images of IMA members for the promotion and /or teaching of Tae Kwon-Do.

**Please tick appropriate box:** Allow use of photos  Disallow use of photos

I confirm that I consent to the above application and that I have been informed of the nature and potential risks of martial arts training by the club instructor.

Applicants signature: ..... Date: .....  
(Parent or Guardian's declaration to be completed for all applicants less than 18 years of age):

Parent or Guardian's signature: ..... Date: .....

Please enclose fee of £30.00 (note there is a 50p surcharge on all cheque payments)

New  Renewal  Late Renewal\*  (\*£5 late penalty fee)



IMA RESERVES THE RIGHT TO REFUSE THIS APPLICATION

(JB12) IMA 1

