



UFMA

Ultimate Freestyle Martial Arts

OFFICIAL REGISTRATION, DISCLAIMER & APPLICATION FORM  
Welcome to UFMA. Please fill out this in BLOCK capitals

First Name(s): .....

Surname: ..... D.O.B: ...../...../.....

Telephone: ..... Mobile: .....

Email: ..... Occupation: .....

Emergency Contact Name: ..... Telephone: .....

Have you had any previous Martial Arts experience? ..... If YES which Style & Organisation:

.....

Do you suffer from any illnesses? .....If YES give details: .....

Are you on any medication? .....If YES give details: .....

Do you have a criminal record? .....If YES give details: .....

By signing this from I state that the above information is true and correct. I undertake to abide by the rules of UFMA, as explained by its instructors. I accept that, whilst all reasonable care is taken, my instructors are not legally responsible for any accidents or injuries which may occur whilst I am participating in this organization. I also understand that I am expected to maintain a standard of behavior, both during the classes and in general day to day life, which will not bring UFMA into disrepute. Knowing that failure to do so may result in exclusion from the club. I am medically fit to participate in UFMA intensive training.

**DECLARTION:** “I promise to uphold the true spirit of UFMA. I promise never to use the skills that I am taught against any person, except for the defence of myself, family or friends in the instance of extreme danger or unprovoked attack, or in the support of law and order.”

**RELEASE STATEMENT:** I give UFMA permission to use my Name and any photos/videos obtained at the organization to be use in marketing material. Agree / Disagree

Signature: ..... Date: ...../...../.....

(For persons under 18 years of age – a parent or legal guardian’s signature is also required)

-----  
Instructor / Administration Use Only

Instructors Signature: ..... Date: ...../...../.....

Sensei David Washington  
Founder & Chief Instructor  
Ultimate Freestyle Martial Arts