

MARTIAL ARTS & FITNESS COACH UK

MARTIAL ARTS PROFESSIONAL LICENCE & MEMBERSHIP APPLICATION

PLEASE FILL IN A.S.A.P. RETURN ALL FORMS TO MAFCUK PRINT CLEARLY.

Part 1:

YOUR NAME:

Association Name (If part of larger org): _____

Club Name: _____ Mr/Mrs/Miss _____

Your Address: _____ Date of Birth: _____

Town/Area: _____ City: _____

County: _____ Post Code: _____

Tel: _____ Mobile: _____ E-mail: _____

Your Occupation/Trade: _____

Your Sub-Instructors:

Name: _____ D.o.B. _____ Grade: _____ M/F

Name: _____ D.o.B. _____ Grade: _____ M/F

Name: _____ D.o.B. _____ Grade: _____ M/F

Name: _____ D.o.B. _____ Grade: _____ M/F

Name: _____ D.o.B. _____ Grade: _____ M/F

Name: _____ D.o.B. _____ Grade: _____ M/F

Name: _____ D.o.B. _____ Grade: _____ M/F

Name: _____ D.o.B. _____ Grade: _____ M/F

Name: _____ D.o.B. _____ Grade: _____ M/F

Martial Arts: Limit of **Professional Indemnity** Chosen? (**Circle One Amount**):

(A: £2,000,000) / (B: £5,000,000) / (X: £100,000,000) – per annum.

Don't forget > *Make Prof. Indemnity Insurance cheque out to: TL Risk Solutions Ltd.*

Another Insurance Application Form Required? – See our website www.mafcuk.org (Services > Downloads)

MAFCUK.org Membership:

Individual Annual Membership Fee: New Single Associate Member @ £27.50p per Annum (incl. Free Book!) []

Existing Member Renewal – Year 2 - £25.50 [] / Year 3 Member or thereafter - £23.50 []

More Than One Instructor Discounted Annual Fee: SAVE £100's!!!!!!

Organisation Year 1 (2-4 Instructors @ £ 35 [] Save £25) - (5-7 Registered Instructors @ £55.50 [])

Organisation Year 1 (8 to 10 @ £78 [] Save over £220!) (11 Plus? – please contact MAFCUK.)

NOTE: Please make cheque for Membership and Public Liability (Member-to-Member) out to: MAFCUK //

Note: organisations may charge their own individual instructors for their part of membership and each instructor is liable for his/her own Professional insurance payment.

Part 2: Please circle the Regimes you wish to teach and be insured for: Traditional Martial Arts (Wushu Kung Fu, Karate, Jiu Jitsu, etc.), Taijiquan (Traditional, incl. Push hands and App's), Tai Chi for Health (TCA /TCD/TCB, etc.), Taoist Health & Longevity (just Qigong, Yoga or gentle exercise), Oriental Exercise for Health (Dance, Meditation, careful movements, etc.), Martial Arts Based *Exercise* (e.g. Kick-boxing *exercise*; some bag work, no sparring/contest), Personal Training for any of above, Other (state here)_____

Please describe the aims activities and aims of your club/organisation:_____

How many students/members does your club/s have? Over 18:_____ Under 18:_____ Under 16:_____

Which Association Header do you wish to be placed under? _____
(Examples: 'Nippon Budo UK', 'Brazil M.A. UK', 'Zhongguo Gongfu UK', 'UK Karate' or 'Tai Chi for Health', 'Korean Arts UK', 'Fitness Training UK', *or your own* association header, e.g. 'Yap Lung Hap Ki Do')

Part 3: Qualifications.

Please provide proof of all your qualifications* to teach the above chosen exercises (if not already submitted earlier). If not stated on certificate, please provide details of issuing body and contact details. **Note: Failure to have the appropriate qualification may render the insurance cover and membership invalid.** *Please provide this with good quality photo-copies., not originals as these may get lost in the Post.

Part 4: Venue/s & Sessions Per Week (If known):

The venues where you teach at present (circle Own or Hired). Venue/Manager/Address/Telephone.

1: Own/Hired _____

_____ **Max Number of Attendees Per Session:** _____ **Sessions Per Week:** _____

2: Hired: _____

3: Hired _____

Please check that you have filled in all sections, enclosed your payment for insurance plus the annual Membership Fee.

Part 6: Agreement and Declaration.

I declare that I am the named person on this application for membership licence and that I am over eighteen years of age and legally possess the qualifications which I have stated and attached. I agree to notify the organisation and the insurance company of any changes to my circumstances which may affect my claim or legal circumstances. I understand that it is my responsibility to adhere to the policy requirements, to upkeep current insurance, health and safety, child welfare & safety (if teaching juveniles), first aid, general training and coaching standards.

(Print Name): _____

(Signature): _____

Dated: _____ / _____ / _____ :

OFFICE USE ONLY

Date Received: _____ By: _____

Current Ins. Expiry date: _____

Processed and Sent on: _____

OFFICE USE ONLY:

Web – User Name: _____ Password: _____

Please Note: It is necessary under the requirements of the FSA, governing association for Insurance in UK, that all Insurable Parties are a Licensed Member of an approved and recognised organisation: e.g. MAFCUK