



玄武館忍法武芸
GENBUKAN NINPO BUGEI

Genbukan Kenshu Dojo

Traditional Japanese Martial Arts

TRAINING APPLICATION.

(PLEASE USE BLOCK CAPITALS.)

NAME: _____

ADDRESS: _____

DATE OF BIRTH: __ / __ / ____

CONTACT N^o. HOME: _____

MOBILE: _____

Have you ever been convicted for violent behaviour? **(Yes / No)** Delete as appropriate.

Do you suffer from any medical condition that will restrict the type of physical exercise you participate in.

(Yes / No)

if **yes**, please give details. _____

I declare that the information on this form is to the best of my knowledge correct. I fully understand that I undertake to train in Genbukan Ninpo at my own risk. I will endeavour to act responsibly and only use the techniques I am shown in self-defence.

Signature:

Date: