

The Linacre School of Defence

Prospective membership form

Student's Name:

E-mail address:

Telephone number:

Please advise us (in confidence) of any medical condition that may affect your ability to train:

Emergency contact details:

Disclaimer: Although all reasonable safety precautions will be taken, according to the school risk assessment procedures, this activity involves contact sparring and drilling both with training weapons* and without and a small element of risk may therefore be involved. Please sign below to indicate your understanding and acceptance of this.

Signed:

Date: