



**MARTIAL ARTS HISTORY**

Have you studied martial arts before or are you currently studying a martial art?

Yes  If yes, please provide information.  
No

System: \_\_\_\_\_ Time Studied: \_\_\_\_\_ Rank: \_\_\_\_\_

System: \_\_\_\_\_ Time Studied: \_\_\_\_\_ Rank: \_\_\_\_\_

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System: \_\_\_\_\_ Time Studied: \_\_\_\_\_ Rank: \_\_\_\_\_

**EXCLUSION OF APPLICANT**

Have you ever been excluded from participation in martial arts in the past by a medical practitioner or any other person or entity or a martial arts club?

Yes  If yes, please give details \_\_\_\_\_  
No  \_\_\_\_\_

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT

\_\_\_\_\_  
Printed Name  
(Parent or Guardian if Under 18)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date