

Submission #

### Health & Fitness Application

#### Martial Arts Supplement

(A Copy of this Page is Required for Each Location)

#### MARTIAL ARTS PROGRAM INFORMATION

Location #: \_\_\_\_\_

Address: \_\_\_\_\_

Number of students in all programs: \_\_\_\_\_

Types of Martial Arts taught:

- |   |   |                                      |                                      |
|---|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Aikido                       | <input type="checkbox"/> Jeet Kune Do     | <input type="checkbox"/> Krav Maga   | <input type="checkbox"/> Wushu       |
| <input type="checkbox"/> Brazilian Jiu Jitsu          | <input type="checkbox"/> Judo             | <input type="checkbox"/> Kung Fu     | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Capoeira                     | <input type="checkbox"/> Karate           | <input type="checkbox"/> Shaolinquan |                                      |
| <input type="checkbox"/> Chi Kun                      | <input type="checkbox"/> Kenjitsu         | <input type="checkbox"/> Tae Kwon Do |                                      |
| <input type="checkbox"/> Fitness Boxing (non-contact) | <input type="checkbox"/> Kick Boxing -    | <input type="checkbox"/> Tai Chi     |                                      |
| <input type="checkbox"/> Goju-ryu                     | <input type="radio"/> Cardio/Fitness Only | <input type="checkbox"/> Tai ju quan |                                      |
| <input type="checkbox"/> Hapkido                      | <input type="radio"/> Contact/Sparring    | <input type="checkbox"/> Tang Soo Do |                                      |

#### SAFETY AND TRAINING INFORMATION

Level of contact:  Non Contact  Light Contact  Full Contact

What is the belt rank of the owner or primary instructor? \_\_\_\_\_

Is protective equipment provided to all participants?  Yes  No

Is weapons training provided?  Yes  No

If yes, are padded or fake weapons the only type used?  Yes  No

If no, please describe program and weapons used in detail: \_\_\_\_\_

Do you practice sparring?  Yes  No

If yes, is an instructor present at all times?  Yes  No

Do you participate in tournaments?  Yes  No

**Hosted tournaments are those you organize and operate that include participants who are not members of your school or organization.**

How many "hosted tournaments" do you do per year? \_\_\_\_\_

Approximately how many participants are at each tournament? \_\_\_\_\_

Are they held at your school/club?  Yes  No

If not, do you lease/rent other space to sponsor the tournament?  Yes  No

If so, where? \_\_\_\_\_

**Note: You should require proof of medical payments for participants coverage being in place for all non-registered members/participants taking part in your hosted tournament.**

#### Ineligible Operations

Boxing (contact/sparring) - Dim Kam - Haganah - Kali/escrima - Mixed Martial Arts (MMA)  
Ultimate fighting/Extreme fighting/Cage fighting - Savate - Sayoc Kali - Thai Boxing/Muay Thai  
Training programs for law enforcement - Public Safety and Militray Personnel - Unsupervised Wrestling

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_