LIMITLESS
MARTIAL ARTS

FOUNDATION PROGRAMME

Supported martial arts training application

Application form

Use this form to apply for yourself, apply for a child as their parent or guardian, or refer somebody with their permission. Complete it digitally or print it and write clearly.

Please do not include bank statements, benefit records or detailed medical evidence. We only need enough information to understand the request and arrange a private conversation.

1 Who is completing this form?

- ☐ I am applying for myself
- ☐ I am a parent or guardian applying for a child
- ☐ I am referring somebody with their permission

YOUR NAME AND RELATIONSHIP TO THE APPLICANT

2 Tell us about the person who would train

FULL NAME

DATE OF BIRTH

HOME POSTCODE

IF UNDER 18, PARENT OR GUARDIAN NAME

3 How should we contact you?

EMAIL ADDRESS

TELEPHONE

PREFERRED CONTACT

- ☐ Email
- ☐ Phone
- ☐ WhatsApp

4 What training is of interest, and when could the applicant attend?

- [ ] Kickboxing
- [ ] Boxing
- [ ] BJJ / No-Gi
- [ ] Judo
- [ ] MMA
- [ ] Not sure

AGE GROUP, PREFERRED DAYS/TIMES, EXPERIENCE OR ANYTHING ELSE USEFUL

5 What support are you applying for, and why is it needed?

- [ ] Fully funded training
- [ ] Heavily discounted training
- [ ] Help with starter kit
- [ ] Not sure

BRIEFLY EXPLAIN THE FINANCIAL PRESSURE OR CIRCUMSTANCES AFFECTING ACCESS

6 What would the applicant hope to gain from a Foundation place?

FOR EXAMPLE: REGULAR ACTIVITY, CONFIDENCE, COMMUNITY, STRUCTURE, FITNESS OR SKILLS

A Foundation place is not a lower-standard membership.

Successful applicants join appropriate Limitless classes as normal members, with the same coaching, standards, safeguarding and care.

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7 Is there anything we should know to support safe participation?

Share only practical information relevant to communication, access, safeguarding or taking part in a class. Detailed medical evidence is not required on this form.

☐ I would prefer to discuss this privately rather than write it here

8 Declaration and permission

I confirm that the information in this application is accurate to the best of my knowledge. I understand that places are limited, an application does not guarantee an award, and the team may contact me to discuss it.

☐ I am the adult applicant and agree to this application

☐ I am the parent or guardian and agree for the child to be considered

☐ I am referring somebody and confirm I have their permission

TYPED OR HANDWRITTEN NAME

DATE

How to submit this form

Email: info@limitlessmartialarts.co.uk
Subject: Foundation Programme application

Alternatively, bring the completed form to Limitless Martial Arts, Unit 5, The Old Dairy, Empress Road, Southampton, SO14 0YT.

Privacy

We use the information supplied to assess and administer Foundation Programme applications, contact applicants or representatives, and meet safeguarding obligations. Access is limited to people involved in the review. Please see limitlessmartialarts.co.uk/privacy or contact us to ask about your information.