Wellington, New Zealand
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Summer 5-Day Intensive Course

Military-style Krav Maga Level 1-5 Course

Application Form

Event: Tactical Survival Krav Maga Intensive Course (L1-L5 Syllabus)

Date: Sat January 17th - Wed January 21st, 2026 (5 Days. Saturday to Wednesday).

Location: Hutt Central School, Alicetown + Newtown Park Function Room

Cost: Standard price $1295. ($1150 early bird price if you register before Sunday Dec 21st, 2025) Course fee includes $250 worth of compulsory protective gear you take home. If you already have the gear, course is reduced to $1150 (or $995 for early birds).

The course fee includes the purchase of compulsory protective gear:
16oz Boxing Gloves, MMA gloves, Groin Guard, Shin Guards, Forearm Guards, Mouth Guard

This Application Form must be submitted by the Final Closing Date along with + Deposit of 50% of the Registration Fee
by: Sunday 21st December, 2025 (for early-bird rate), OR
by: Sunday 4th January, 2026 (FINAL Closing Date)

1. This 50% deposit is not refundable if you change your mind (or your circumstance change) and must be paid at the time of application.
2. Remaining fees must be paid at the latest 7x days before course commencement.
3. Any cancellation by you within 7x days of the course commencement will still be charged 100% of fees.
4. If the course is cancelled by us for unforeseen/unlikely circumstances, fees will be refunded back into your nominated bank account minus the $250 used to purchase gear. Gear will be mailed to you.
5. Payment instructions are available below in the form.

Food/Accommodation:
Not included. There are plenty of options around from backpackers, to motel and up-market hotels. Food can be purchased around the corner from venues.

Transport:
For visitors from out of town, we recommend hiring a car from airport, or we can help you with car pooling with others.

Due to the intensive nature of this course - with applicants coming from outside our school and potentially overseas - the following questions help us determine applicant's suitability to train for safety reasons. Any information shared will be respectfully kept private and confidential according to the NZ Privacy Act 2020. We ask for this information to keep a safe and healthy training environment. Please answer truthfully. Thank you.

Name*……

Address……..

Postcode……Country……..

Phone……..

E-mail address ……..

Date of birth……

Gender……

Size (Head Guard and Shin Guards): Medium / Large / XL (Please circle)
Size (MMA gloves): XS / S / M / L / XL (please circle)

Photo

Please include a photo of yourself here.
Or send as an attachment via email.

1. How did you hear about this course?

……..

2. What is your reason/motivation for wanting to attend this course?

……..

……..

3. What exposure have you had so far to Krav Maga/defensive tactics/self defence/martial arts?
(If none, please state 'none')

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……..

4. Have you ever had any convictions or criminal history or charges here in NZ or overseas? Have you ever been refused training by other organisations? Have you ever been in a gang? Please give details.

……..

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……..

5. MEDICAL HEALTH EVALUATION

Have you ever had, or do you have, any of the following? (Please circle or underline)

- Sight and/or Hearing Loss
- Head Injury
- Recurrent Headaches / Epilepsy / Fainting Spells
- Dislocation of Joints
- HIV/Aids
- Hepatitis A / Hepatitis B / Hepatitis C
- Hay fever / Allergies
- Asthma
- Shortness of breath
- Anaemia
- Heart trouble
- High or low blood pressure
- Rheumatism/Arthritis
- Diabetes / Kidney Disease

If you have answered affirmatively to any of the above please elaborate below:

_____

_____

Are you allergic to any medications *(Penicillin, Sulphonamides, etc.)* Yes / No. If yes, please elaborate:

_____

Have you had any surgery(s) in the past 24 months? Yes / No. If yes, please elaborate:

_____

Do you have suffer from any past or present emotional trauma or psychological disorders that may be affected by this training? Do you suffer from any conditions such as: PTSD, bi-polar or erratic behavior? Are you under psychiatric care, counseling or do you take any medication for mental or emotional needs? Yes / No If yes, please elaborate:

_____

_____

_____

Are you currently taking any medication? Yes / No. If yes, please elaborate:

_____

_____

Do you suffer from any physical injuries, aches, pains or problems? Yes / No

- Back pains or injuries
- neck pain or injuries
- knee pain or injuries
- spinal injuries
- ankle pain or injuries

If yes, please elaborate:

_____

_____

How would you rate your fitness, mobility & health? Excellent / Good / Fair / Poor (Please circle one)

6. MEDICAL COVER (Visitors)

If you are a Foreign Citizen or Visitor, we highly recommend you have some Travel/Medical Insurance that covers this type of activity, to keep you covered in the event of an injury or accident. (**If you are a New Zealand Resident or Citizen**, the public health system will treat you, so you do not need medical insurance to do this course.)

If you do currently have health insurance (NZ or otherwise) please include the details below. (If not, please skip and move into next question.)

Name of Insurance carrier: _____ Policy type: _____

Policy number: _____ Expiration date: __ / __ /____ *(dd/mm/yyyy)*

Insurer's Contact Phone Number: _____ *(including country code & area code)*

Brief description of coverage:

_____

7. EMERGENCY CONTACT

In case of any problems during the training, we would appreciate the address and telephone number of an emergency contact and their relationship to you.

Name_____Address:_____

Emergency Phone Number (include international code):_____

8. REFERENCE

Please ask your family-member/spouse/employer or someone who knows you well to complete this section:

Referee's name: Referee's relationship to applicant:

_____ _____

How long have you known, and how well do you know the applicant?

.....

Are you happy to endorse the applicant's intention to participate in this course? Yes / No Do you have any hesitations or comments as to the applicant's suitability for this type of training? What are the applicant's personality traits? Please comment truthfully below. We may call you privately to confirm or get further information.

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Referee Phone:_____**Referee Email**:_____

9. TRAVEL ARRANGEMENTS

Please be there for registration at 9:40am on the first day of training. It is your responsibility to make your own way to the venue. Rental cars are available from all the major companies for pickup from airport. We recommend booking this ahead of time if you require a rental car. Wellington city buses run cheap regular services all over the city.

10. PAYMENT OF DEPOSIT

Direct Deposit

ACCOUNT NO: **02 – 0520 – 0220437 – 002**

BANK DETAILS: BNZ BANK, Kilbirnie Branch, Wellington

SWIFT BIC code: BKNZNZ22

REFERENCE: 'YOUR NAME'

11. BALANCE OF FEES

Payment of the balance of course fees are payable at very start of course (1st day of course).
Payment of the balance of course fees must be finalized in order to participate. No exceptions.

We accept DIRECT BANK TRANSFER only.

All other personal expenses are your responsibility: i.e. Accommodation, Transport, Food.

12. WHAT TO WEAR

- Comfortable sports clothing and trainers.
- Bring water, towel and 2x spare T-shirts to every session.
- You will need 1x long-sleeve top and pants for Ground Training.
- No jewelry or watches during training.

If bringing your own protective equipment you will need:

- Mouth guard
- Groin Guard that provides good coverage
- Shin Guards (make sure they are strong style. Leather or strong vinyl)
- 16oz Sparring or Boxing Gloves (nothing lighter than 14oz)
- Forearm Guards that covers most of the forearms.

13. DECLARATION OF UNDERSTANDING & RELEASE OF LIABILITY

Everyone, individuals, businesses or organisations who engages with Tactical Survival Ltd, attends classes, courses, or book any training or consultancy event ran by Tactical Survival Ltd is engaging with us, under these terms and conditions:

I, *(name of participant)* _____ the undersigned, knowingly and without duress, do voluntarily participate in training activities provided by TACTICAL SURVIVAL LTD.

1) I understand and acknowledge that any Krav Maga, Kali, martial arts, any 'Tactical', combat, defence, or security-related training in general, can involves close contact with fellow students and therefore some degree of risk of accidents and personal injury (or risk of exposure in a pandemic). I warrant that I am medically sound, physically healthy, carry no infectious diseases, and hereby assume all risk of physical and mental injuries, disabilities, illness and losses which may result from or in connection with my participation in this training. I understand that although it is the policy of TACTICAL SURVIVAL to minimize this risk through our Health and Safety (OHS) guidelines, the nature of this type of physical activity prevents its total elimination. I understand I am participating at my own risk and volition.

2) I understand and acknowledge that the training TACTICAL SURVIVAL provide is often a physical pursuit and will involve some

form of physical contact with fellow students and the instructors – sometimes simulating various high-stress scenarios of crime for self-defence training and educational purposes. I understand it is of my own free choice to participate and take full responsibility to advise the instructor(s) if I do not feel emotionally or physically comfortable with participating in any activity for health, safety or personal reasons. I understand I am able to step out of a drill at any time in these circumstances.

3) I do hereby fully release TACTICAL SURVIVAL, its owners, instructors, directors, officers, agents, representatives, volunteers, and other related members from all claims, actions, lawsuits, and demands of every kind in of or resulting from any accident, injury, illness or damage (including but not limited to the participant's person, whether fatal or otherwise, property and personal belongings) that I may sustain while participating in training offered by TACTICAL SURVIVAL.

4) I agree to show good citizenship, and take full responsibility on how I use the skills gained in this training. I agree to release TACTICAL SURVIVAL from any responsibility or liability for teaching me these skills.

5) I agree to not use, teach or demonstrate any materials, drills, techniques, ideas, course-outlines, scenarios, training methods or any intellectual property from TACTICAL SURVIVAL without permission, or use in a commercial manner, to friends or colleagues, clients, in social media, news media, TV, film, video-games, internet, any other digital media, or to any sports or other martial art groups, or speak on behalf of, or mention TACTICAL SURVIVAL to media, without the written consent of TACTICAL SURVIVAL and its Director. Violation may be a commercial legal offence. **I agree not** to use the terms 'Tactical Survival', 'Protect Krav Maga' or 'Tactical Survival Krav Maga' for any reason, commercially or otherwise, without written permission from TACTICAL SURVIVAL. Violation may be a commercial legal offence.

6) I understand that all recording, videography and photography by participants in our classes/courses is strictly prohibited.

7) I understand that attendance and participation of training may be photographed or recorded by TACTICAL SURVIVAL for promotional purposes only. If this is a problem or concern, I agree I will express this to the instructors immediately, so we are aware of your need to maintain privacy, otherwise I **consent** to the use by TACTICAL SURVIVAL of any photos or footage taken during training for promotional purposes.

8) I agree to abide by and follow the Code of Conduct and Safety Regulations established by TACTICAL SURVIVAL. I understand the Code of Conduct can be obtained from website www.tacticalsurvival.co.nz. I understand that Tactical Survival Krav Maga may immediately refuse training at any instructor's discretion without refund, if the Code of Conduct is breached.

9) I understand engaging with the academy is agreement that I will commit to fully paying the required fees for the course or classes I'm booking into.

10) I agree to TACTICAL SURVIVAL obtaining a police records check if requested, for the purpose of determining suitability to train.

11) I understand any information received will be respectfully kept private and confidential according to the Privacy Act 1993. Information is gathered for the purpose of office administration, determining suitability for admittance, class planning, health and safety, and security reasons due to the nature of this training.)

YES, I have read, fully understand and agree with the declarations listed above.
YES, I certify that all the information in this application is complete and accurate.

14. SIGNATURE OF APPLICANT:

_____

Dated this _____ day of _____ 20____

Please direct your application to:
contact@tacticalsurvival.co.nz

Tactical Survival Krav Maga
Tactical Survival Ltd
Wellington, New Zealand
