

**Whitby Martial Arts Academy  
Student Enrolment Form (Adult)**

**PERSONNEL DETAILS**

SURNAME:

FIRST NAMES:

NICKNAMES:

DATE OF BIRTH:

ADDRESS:

OCCUPATION:

HOME TEL:

MOBILE:

EMAIL:

**NEXT OF KIN / PARENTS**

NAME

ADDRESS

TEL

RELATIONSHIP

CONTACT 1:

CONTACT 2:

**Have you in the last ten years received a caution by the police or a conviction for offences involving violence, threatening behavior or sexual offences? If so please give brief details.**

**PREVIOUS MARTIAL ARTS**

STYLES:

GRADES:

ANY ADDITIONAL QUALIFICATIONS:

WHAT DO YOU WANT TO ACHIEVE?

Any questions? Go to our website at <http://www.wm-aa.co.uk>

## Whitby Martial Arts Academy

### HEALTH & FITNESS QUESTIONNAIRE

HAVE YOU EVER SUFFERED/STILL SUFFER ANY OF THE FOLLOWING IF THE ANSWER IS YES PLEASE GIVE DETAILS:

1. ASTHMA OR WHEEZES?
2. HEART DISEASE/HIGH BLOOD PRESSURE?
3. FAINTING ATTACKS?
4. ABDOMINAL DISORDERS?
5. RHEUMATISM?
6. ARTHRITIS?
7. EPILEPTIC FITS?
8. CONVULSIONS?
9. INJURY TO BONES, TENDONS OR JOINTS?
10. ANY BACK OR SPINAL PROBLEMS?
11. ANY ALLERGIC DISORDERS SUCH AS: HAYFEVER, **PENICILLIN** AND ANY OTHER TYPES OF DRUGS?
12. ARE YOU CURRENTLY RECEIVING ANY MEDICAL SUPERVISION/ TREATMENT OR MEDICATION?
13. IS THERE ANY OTHER REASON OR MEDICAL MATTER NOT YET MENTIONED IN THE LIST ABOVE THAT SHOULD PREVENT YOU FROM PERFORMING PHYSICAL EXERCISE?

**ALL INFORMATION GIVEN ON THIS PROFILE WILL REMAIN STRICTLY CONFIDENTIAL AND WILL NOT BE DISCLOSED UNLESS FOR A MEDICAL EMERGENCY.**

**I HEREBY DECLARE THAT THE STATEMENTS I HAVE MADE ON THIS 'PROFILE QUESTIONNAIRE' ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**I HAVE ALSO READ AND UNDERSTOOD ALL DOJO RULES AND ETIQUETTE AS LAID DOWN IN MY LICENCE AND GRADING RECORD BOOK.**

**NAME:**

**SIGNATURE:**

**DATE:**

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