

Whitby Martial Arts Academy
Student Enrolment Form (Junior)

PERSONNEL DETAILS

SURNAME:

FIRST NAMES:

NICKNAMES:

DATE OF BIRTH:

ADDRESS:

HOME TEL:

MOBILE:

EMAIL:

NEXT OF KIN / PARENTS

NAME

ADDRESS

TEL

RELATIONSHIP

CONTACT 1:

CONTACT 2:

IF THE CHILDS PARENT OR GUARDIAN IS NOT PICKING UP OR WILL BE LATE LET INSTRUCTORS KNOW ALL DETAILS, WHAT TIME OR WHO WILL BE PICKING THEM UP, THIS IS FOR THE SAFETY OF YOUR CHILDREN.

Has the applicant ever been excluded from school for bullying or antisocial behavior within the last five years? If yes, please give brief details?

Has the applicant ever been cautioned by the Police or Convicted in a court of law? If yes 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:

Parent or Guardian sign if student is under 16 years old.

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