



# WELCOME TO ARAGONA MARTIAL ARTS

Welcome to Aragona Martial Arts (AMA)

By completing this form you agree NEVER to use any of your training in a negative way outside or inside of the dojo. Anyone who is found to do so may be asked to leave the club.

Remember, you are an ambassador for AMA. At all times you must respect the art, the club and your fellow members.

## **PLEASE COMPLETE CONTACT INFO FULLY AND IN BLOCK CAPITALS**

**SURNAME/FAMILY NAME:**.....

**FIRST NAME:**.....

**DATE OF BIRTH:**.....

**ADDRESS:** .....

**POST CODE:** .....

**MOBILE NUMBER:** .....

**E-MAIL ADDRESS:** .....

**EMERGENCY CONTACT NAME** .....

**EMERGENCY CONTACT NUMBER:** .....

I understand that by signing this form that I take responsibility for any injuries I may receive and do not hold AMA responsible for any personal loss or injury incurred.

**SIGNED:** .....

**PRINT NAME:** ..... **DATE** ...../...../.....



## MEDICAL QUESTIONS

PLEASE ANSWER ALL QUESTIONS NO / YES (If yes, please give details)

### DO YOU SUFFER, OR HAVE SUFFERED, FROM?

- Heart Disease
- Family History of Heart disease/-strokes
- Chest Complaints e.g. Asthma/Bronchitis
- High Blood Pressure
- Low blood pressure / Fainting or Dizziness
- Circulatory/Blood problems
- Epilepsy/Seizures/Fits
- Major Surgery
- Do you regularly take prescribed drugs
- Bone/joint conditions
- Do you drink Alcohol
- Bone or Joint injury
- Lower Back Pain or injury
- Do you take regular exercise
- Do you smoke
- Has your doctor ever advised you against exercise due to injury/illness
- Are there any other Medical Conditions you feel we should know about

Details.....

Current Weight ..... kg

Current Height ..... cm

### DECLARATION

I understand that whilst every care will be taken to give safe instruction, I accept full responsibility and consider myself fit to exercise. I have answered all questions correctly and all medical and health considerations are noted above.

PLEASE NOTE IT IS YOUR RESPONSIBILITY TO INFORM YOUR INDIVIDUAL INSTRUCTOR OF ANY MEDICAL CONDITION THAT MAY AFFECT YOUR HEALTH WHILST UNDER THEIR INSTRUCTION.

SIGNED: ..... DATE: .....

PRINT NAME: .....

(If under 18 a parent or guardian must sign. All given information is confidential)