



Health Questionnaire

Name: _____ Club / Gym: Hastings Martial Arts Phone: _____

Yes No

Are you in good health as far as you know? _____

Have you suffered at any time from any serious illness, injury, accident or disability? _____

If yes state briefly _____

Have you suffered at any time from any of the following?

Headaches, blackouts or fits? _____

Paralysis or any other mental or nervous diseases? _____

Have you seen a psychiatrist or taken tranquillisers? _____

Visual disturbances e.g. blurring vision, double vision, etc.? _____

Do you wear glasses or contact lenses? _____

Heart disease, high blood pressure, heart murmurs, varicose veins, rheumatic fever, scarlet fever? _____

Asthma, bronchitis, pneumonia, pleurisy, tuberculosis? _____

Sinusitis or any breathing difficulty? _____

Chronic indigestion, stomach or duodenal ulcers, gall bladder, liver disease, appendicitis, hernia? _____

Kidney, bladder problems, diabetes, renal colic? _____

Bone or joint problems, e.g. hand injuries, fractures etc.? _____

Do you take tablets/medicines/inhalers etc. regularly? _____

Number of cigarettes per day _____ Alcohol intake _____

The gym / club will not take responsibility for failure to disclose any physical or medical condition that could affect your participation in this gym/ Club.

Do you give permission for this information to be kept on file {please circle} **Yes No**

Signature of member: _____ Date: _____

Signature of Instructor: _____ Date: _____

Declaration of acceptance to physical training

1. I accept that no class can offer a complete guarantee of safety and that there is a risk involved with regard to injury on undertaking such training.
2. If I am injured I will notify the instructor immediately.
3. I will at all times conduct myself with due regard to the health and safety of myself and others.
4. I will obey all lawful instruction given to me by the Instructors.
5. I accept if I act in any intentionally negligent way then I may be removed from the class.
6. I will bring the Instructors attention to anything that I feel is a risk to any person. I expect such information to be treated with due regard to privacy and in a confidential manner.

Signature of member: _____ Date: _____

Signature of Instructor: _____ Date: _____



LICENCE APPLICATION FORM

Dear Member

The Government stipulates that everyone practising Martial Arts in the UK must be registered and in possession of a current licence. It is also important for you as a licence holder to be in possession of member to member Insurance.

- ✓ This Annual licence will provide member to member insurance cover.
- ✓ Every student must hold a licence before they can take a grading or enter a competition.
- ✓ The licence must be produced at a Grading, Competition, and beginning of sessions if required.

When applying for your licence:

- Complete the bottom of this form and return it to your Instructor/Club secretary with your photograph (passport approved only, writing your name & club on reverse) and payment to your Instructor.
- On receipt of your licence, please make a note of the licence number in case it is lost or damaged
- If renewing a licence, please complete the form and circle renewal with your licence number, and return to your Instructor/ Club secretary with payment.
- If replacing a damaged or lost licence the form must be completed, putting a circle around replacement with your licence number, and return to your Instructor/ Club secretary with payment.

If you have suffered with any medical problem that may affect your ability to train or take part in competition your Instructor may require you to produce a medical certificate from a Doctor stating you are fit to train.

If you have any medical problem or injury, which may affect your training, or could be aggravated through training, you MUST let the Instructor and your sparring/partners know before each lesson.

PLEASE PRINT YOUR DETAILS CLEARLY

Surname: _____ First name(s): _____

Full Address: _____

_____ Post Code _____

Date of Birth: Day ___ Month ___ Year _____ Telephone: _____

Occupation: _____ Club name & address: _____

Application: (*please circle) Instructor / Coach: Carl Denne

*New member

*Renewal Licence No. _____

*Replacement Licence No. _____

Please tick relevant box: ADULT JUNIOR

 16-75yrs 5-15yrs

Signature (Parent or Guardian if under 16): _____ Date: _____

For record purposes and to comply with the Data protection Act we will require your permission to retain this Information on computer Do you object Yes No

ONLY UP-TO-DATE LICENCE HOLDERS WILL HAVE THEIR GRADES OFFICIALLY RECOGNISED AND WILL BE ABLE TO ATTEND GRADINGS AND COMPETITIONS.