



Please read and answer the following questions as accurately as you can. The information provided here will inform us as to your current health and fitness status and will be treated with the up-most confidence

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|-------------------------------------------------------------------------------------------------------------------------|---------------|
| | CIRCLE |
| • Do you currently suffer or have suffered from high blood pressure, heart disease or any other cardiovascular problem? | YES / NO |
| • Do you ever have pains in your heart / chest especially associated with minimal effort? | YES / NO |
| • Are you taking any drugs / medication at the moment which would prevent you from taking part in any exercise? | YES / NO |
| • Do you often get headaches, feel dizzy or faint? | YES / NO |
| • Do you suffer from pain or limited movement in any joints which might be aggravated or made worse through exercise? | YES / NO |
| • Are you recuperating from a recent illness or operation? | YES / NO |
| • Do you have any other medical condition that you think would prevent you from taking part in any exercise? | YES / NO |
| • Are your pregnant or have had a baby within the last six months | YES / NO |
| • Do you need to seek medical advice prior to starting this activity | YES / NO |
| • If yes to above please give details in the box below | |

Data Protection - UKMA will never share your personal information with anyone outside of our organisation. We record your information for the purposes of our insurers and so that we may contact you relating to club business.

We reserve the right to retain paperwork submitted to us for a period of 5 years according to our data protection policy.

Medical Information / First Aid - I declare that the medical information I have given is factual and up to date, if I need permission from a medical practitioner to take part in physical exercise I declare that this permission has been granted. By signing this form I give permission for UKMA staff to administer first aid to the named student.

Insurance - UKMA carries Public Liability Insurance. However, I recognise that training in Martial Arts carries an element of risk and entering into this voluntarily I declare that I will not hold UKMA teaching staff personally responsible for injury or death whilst in the pursuit of this activity, instead should I need to make a claim I will do so with the insurance company. Insurance is provided by Allianz Insurance PLC.

Digital Images / Promotion - By signing this form you give permission for our staff to feature images of the named student in press releases, promotional material and publication on our website.

Declaration - I agree to uphold the true spirit of martial arts and never use the skills I am taught except in the defence of life and limb or in the support of law and order. I recognise that I must use common sense at all times, never knowingly attempting to endanger myself or others. I declare that all information I have given on this form is accurate and up to date, and I know of no reason why I cannot take part in this activity.

Contact Details - please complete all sections

NAME.....AGE.....DATE OF BIRTH.....

ADDRESS.....POSTCODE.....

TELEPHONE.....EMERGENCY CONTACT NUMBER (REQUIRED).....

NAME OF EMERGENCY CONTACT (REQUIRED)

MOBILEEMAIL.....

SIGNED..... DATE.....

(Adult signature required if student under 18)