

Fudochi Karate: Registration Form

Please fill up the following form and email us at nilesh@fudochikarate.co.uk

| | |
|------------|-----------------|
| Surname | Tel (Home) |
| First Name | Tel (Work) |
| Title | Tel (Emergency) |

| | |
|-----------------|---------------|
| Current Address | |
| | |
| Postcode | Email |
| Occupation | Date of Birth |

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| How did you hear about this class? | | |
| Are you a beginner? | | |
| Do you or your family have a history of heart disease? | | Yes/No |
| Has your doctor ever said that you have a heart condition and that you should only do a physical activity recommended by a doctor? | | Yes/No |
| Do you feel pain in your chest when you do physical activity? | | Yes/No |
| Do you ever lose balance through dizziness or do you ever lose consciousness? | | Yes /No |
| Do you have a bone or joint problem that could be made worse by a change in physical activity? | | Yes /No |
| Is your doctor currently prescribing drugs for your blood pressure or a heart condition? | | Yes /No |
| Do you have any medical problems, i.e. Asthma, Epilepsy, Diabetes, Other? If yes please give details: | Yes/No | |
| Do you have any special medication? Please give details: | Yes/No | |
| Are you or do you suspect you may be pregnant? | | Yes/No |
| Have you been pregnant in the last 6 months? | | Yes/No |
| Do you know of any reason why you should not do physical activity? | Yes/No | |

If you have answered 'yes' to any of the above questions and are concerned, please consult your doctor before starting.

I have read and understood the terms and conditions and agree to them

| | |
|--------|------|
| Signed | Date |
|--------|------|

(Must be signed by a parent if under 18)

Participants take part at their own risk. Therefore the instructor cannot be held responsible for any injury, illness, losses or damage caused or sustained as a result of taking part in these classes, however arising. Please note; Karate is a Martial Art, we are not medically registered.

