

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

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
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(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.

