# Independent Karate Clubs

MMembership



### *Membership Form and Questionnaire*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Club Joined:**  PLEASE NOTE: A Parent or Guardian must complete and sign this form if the student is under 18 years of age. | | | |  | | | | | | **Date Joined:** | |  | | | |
|  | | | | | | | |  | | | | | | |  | | |  | | | | |
| **Student Name** | Mr / Mrs / Miss / Ms / Other | | | | | | | | | | | | | | | | | |  |  | | |
|  | | | | | | | |  | | | | | | |  | | |  | | | | |
| **Address** | | |  | | | | | | | | | | |  | | |  | | | | | |
|  | | | | | | | | | | | **Date of birth:** | | |  | | | | | |
|  | | | | | | | | | | | **Occupation/School Name:** | | |  | | | | | |
|  | | | | | | | | | | | **Contact in emergency:** | | | **Name:** | | | | | |
|  | | | | | | | | | | | **Address:** | | | **Relationship:** | | | | | |
| **Post Code:** | | |  | | | | | | | | | | |  | | |  | | | | | |
|  | | |  | | | | | | | | | | |  | | | **Telephone:** | | | | | |
| **Telephone:** | | |  | | | | | | | | | | |  | | |  | | | | | |
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| **Is there any medical condition that you have or may be suffering from that would prevent you from taking part in a physical activity? (If you are not sure, consult your Doctor)** | | | | | | | | | | | | | | | | | | | | | | |
| **Details:** | |  | | | | | | | | | | | |  | | |  | | | | | |
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| **Do you have any of the following conditions:** | | | | | | | | | | | |
| **Please tick Yes or No. . . . . .** | | | | | **Y** | **N** | | |  | | | |  | | | | | | | |  |  |
| Asthma | | | | |  |  | | |  | | | | **Further Questions: Please tick Yes or No. . . . . . .** | | | | | | | | **Y** | **N** |
| Epilepsy | | | | |  |  | | |  | | | |  |  |
| High Blood Pressure | | | | |  |  | | |  | | | |  |  |
| Heart Condition | | | | |  |  | | |  | | | | **Do you do any other Sport or Regular Exercise ?** | | | | | | | |  |  |
| Diabetes | | | | |  |  | | |  | | | |  | | | | | | | |  |  |
| Hernia | | | | |  |  | | |  | | | | **Have you trained in Martial Arts before ?** | | | | | | | |  |  |
| Hepatitis | | | | |  |  | | |  | | | |  | | | | | | | |  |  |
| Anxiety | | | | |  |  | | |  | | | | **Have you ever been convicted of any crime ?** | | | | | | | |  |  |
| HIV | | | | |  |  | | |  | | | |  | | | | | | | |  |  |
| Joint/Muscle Problems | | | | |  |  | | |  | | | |  | | | | | | | |  |  |
| Faint/Dizzy spells | | | | |  |  | | |  | | | |  | | | | | | | |  |  |
| Are you pregnant | | | | |  |  | | |  | | | |  | | | | | | | |  |  |
|  | | | | |  |  | | |  | | | |  | | | | | | | |  |  |
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**I understand that Karate is a physical activity and that injuries may occur and I accept that risk.**

**I also understand that I must obtain an EKF Licence before I train and I will not hold any other member of the Independent Karate Clubs or IKC responsible for actions in the event of any injury if I have not applied for an EKF Licence.**

## Independent Karate Clubs

**(Parent or Guardian to sign if under 18 years old)**

**Signed: Date:**

Parent / Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If student under 18 years