

NATIONAL ASSOCIATION OF KARATE AND MARTIAL ART SCHOOLS

PRE-TRAINING QUESTIONNAIRE

It is essential that this form is completed **PRIOR** to any martial arts training

STUDENT'S NAME	
STUDENT'S ADDRESS & POSTCODE	
STUDENT'S BIRTHDATE:	
FAMILY DOCTOR:	
CONTACT TELEPHONE NUMBER: <small>(where someone can be reached while the student is in the class)</small>	
DETAILS OF ANY OTHER PREVIOUS MARTIAL ARTS TRAINING OR OTHER/ CURRENT SPORT/RECREATION	
DETAILS OF ANY PARTICULAR GOALS AND/OR REASONS FOR TRAINING	
DOES STUDENT HAVE ANY OF THE FOLLOWING? : (Please give details if YES, or leave blank if NO)	
ASTHMA/RESPIRATORY CONDITION	
DIABETES	
EPILEPSY	
HEART CONDITION	
HAEMOPHILLIA/ BLOOD CONDITION	
BACK/JOINT CONDITION	
DYSLEXIA	
DYSPRAXIA/COORDINATION DIFFERENCES	
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)	
CONDITION RELATED TO NERVOUS SYSTEM	
AUTISM/ASPERGER'S SYNDROME	
SIGHT/HEARING DIFFERENCES	
OTHER (Please give full details)	
<i>I have completed this form to the best of my knowledge, and I will inform you should any of these details alter at any time. I understand this information will be used and kept in line with the GDPR Privacy Notice found on the website.</i>	Signature: <i>(Parent/Guardian if under 18)</i> Date: